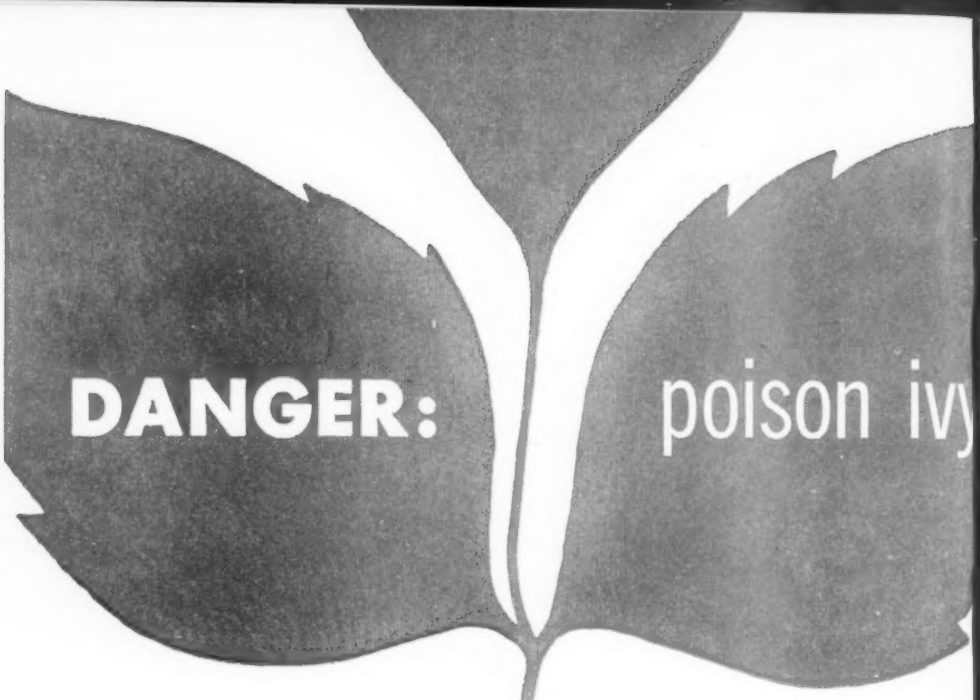


R.N.

June—1951



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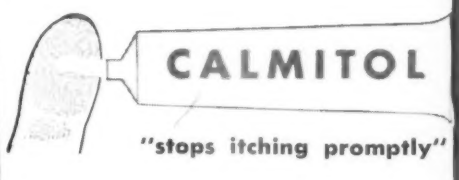
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R.N.

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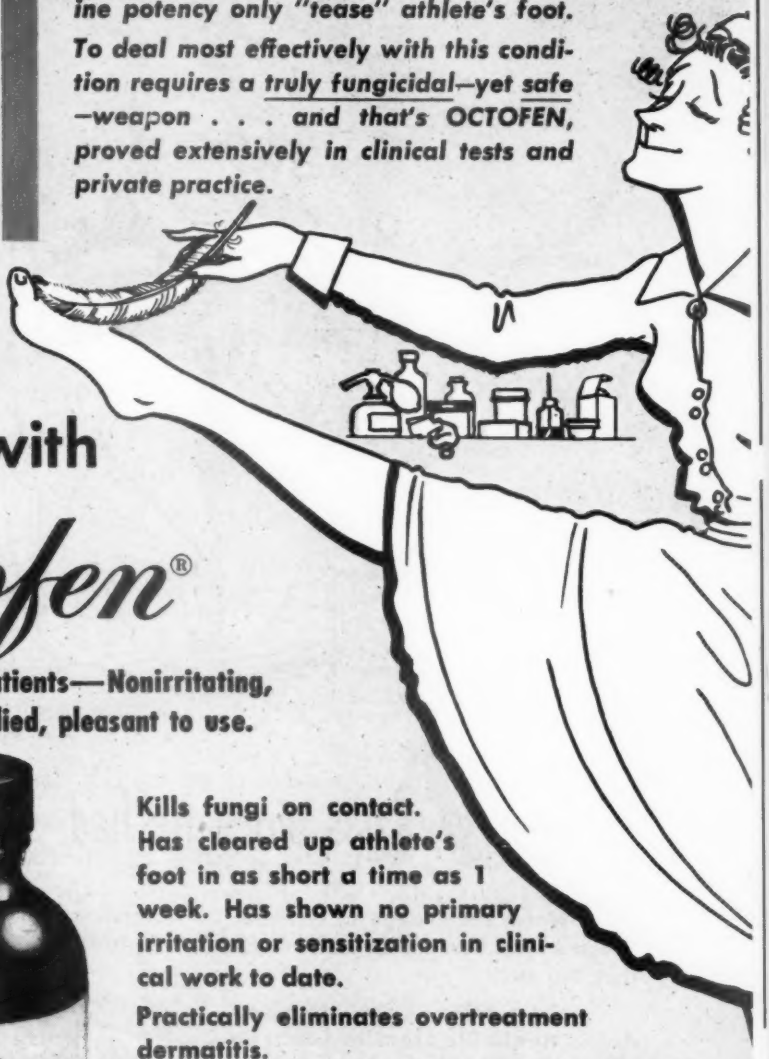
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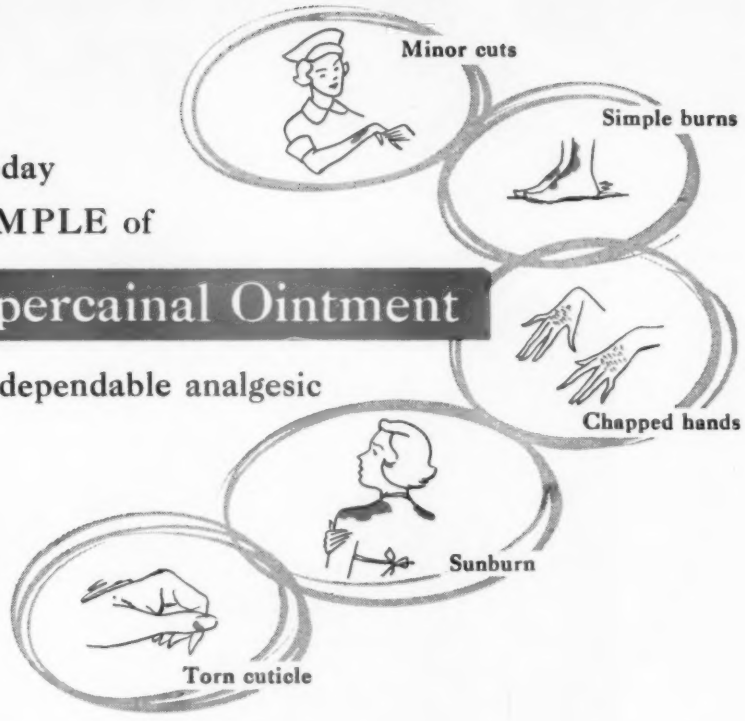
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Debits & Credits

ACCREDITATION

Dear Editor:

As I read your most interesting editorial in the April **R.N.** I could not help but think of my own school of nursing. Since graduation I have worked in many hospitals from New Jersey to Montana. In every institution I have noted good and bad points, but never have I found a school of nursing that can compare with the school in which I trained.

When I read your editorial my heart stopped and I said a little prayer that you did not refer to ——————, the school whose pin I am proud to wear.

HENRIETTA K. HINDAL, R.N.
PORT CARBON, PA.

[*Sorry, we did refer to your school.* —THE EDITORS]

PEN PAL

Dear Editor:

Ill health has forced my husband to discontinue active practice as a physician and we are now in retirement in California. I find it very lonesome and, as we have no phone, letters are our only means of communication. An ex-nurse myself, I wonder if any of your older readers who are lonely too might like to write to me. I am still keenly interested in the profession (right now I'm trying to study up on what to do in the event of an atomic attack), and I would enjoy hearing from active nurses who, like me, have found themselves isolated from their professional acquaintances.

(MRS.) ANNA S. WAISS, R.N.
STAR ROUTE, BOX 122A
MORENO, CALIF.

R.N. FAN

Dear Editor:

I want to take this opportunity to tell you how much I look forward to my **R.N.** each month. It is not only interesting, but very helpful. My youngest daughter has just graduated from nursing training and we enjoy reading each issue of the magazine together.

Incidentally, I had the pleasure of meeting Miss Janet Geister in her travels several years ago and she made quite an impression on me. I found she has a keen sense of humor, is very understanding—and is a person who doesn't need to study public relations—she already has that at her finger-tips.

I wish I could impress on my colleagues that practical nurses have a place in this world—that they have to



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CORELIA B. CARPENTER, R.N.
PENSACOLA, FLA.

STIPENDS & SCHOLARSHIPS

Dear Editor:

I believe in the three-year nursing course, but I also believe it would be a good idea to return to the custom of giving students a monthly stipend instead of charging them tuition.

With girls earning $1.25 an hour in factories, nursing completely loses its glamor. The cash value of the student nurse to the hospital is something never mentioned in public. There are many good high school students whose families just can't afford to partially support them for a three-year period. I wouldn't be able to help the nurse shortage now if my hospital stipend hadn't kept me in socks, powder, car-fare, etc., when I was in training. Student nurses work very hard and I believe they give too much more than they receive for their labors.

(Mrs.) DOROTHY KRUSE, R.N.
CASTALIA, OHIO

*

Dear Editor:

Everywhere we read and hear about the serious shortage of nurses. Why, then, are such high tuition fees being charged by the schools of nursing? Or, if high fees have to be charged, why don't the schools try to make more scholarships and loans

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upset stomach, jumpy nerves



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available? I am sure more girls would be interested in the profession if they could afford it. In my part of the country, for example, tuition fees seem to average $500. Scholarships are few and much sought after, and loans almost impossible to obtain.

(MRS.) OLIVE M. STANLEY, R.N.
EAST LEE, MASS.

[*The National League of Nursing Education and the American Nurses Association frown upon monthly stipends paid by hospitals, but do advocate federal aid to nursing schools which, if forthcoming, will include scholarships to enable qualified individuals to be trained as nurses. Meanwhile, students interested in scholarships, loans or fellowships can check announcements in their nursing journals, write directly to the director of the school of nursing in which they are interested, or ask their state executive secretaries if they have lists of local scholarship funds which are available in their communities or states.*—THE EDITORS]

NEWCOMER

Dear Editor:

During the two years I have been in America I have greatly appreciated R.N. It has given me a clearer conception of American nursing conditions and medical requirements and facilities in this country. I send all my old copies to my training school—where they have become an eagerly awaited addition to the Student Nurse Association Library. "Probie" may be an American student but many an English proba-



June Bride CLEARED HER PSORIASIS



RIASOL

By a tragic coincidence, the initial attack of psoriasis often appears during a woman's engagement period. Statistics show that 20 is the average age of onset.

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RIASOL FOR PSORIASIS

tioner feels akin to her in her many predicaments.

I regard **R.N.** as a gallant contribution to American health and welfare. I wish England had a similar publication for her trained nurses. Continued good luck, success and many many thanks for two years of wonderful reading.

ELSIE D. STOWELL, R.N. (Gt.Br.)
MILL VALLEY, CALIF.

[*We love you too.*—THE EDITORS]

START STUDYING

Dear Editor:

Looking at the nursing profession from the point of view of the professor of philosophy in Florence McQuillen's article "What of This Noble Profession?" [**R.N.**, March], I am prone to agree with the professor about this.

I believe it would inspire registered nurses to a greater desire for higher learning if they could not be recognized as professional workers unless they had a degree in nursing education. To quote Alexander Pope:

"A little learning is a dangerous thing!
Drink deep, or taste not the Pierian spring;
There shallow draughts intoxicate the brain,
And drinking largely sobers us again."

(MRS.) M. A. PETIX, R.N.
YONKERS, N.Y.

["'*A little learning is a dangerous thing,' and yet it is what all must*



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attain before they can arrive at great learning; it is the utmost acquisition of those who know the most in comparison of what they do not know."
—RICHARD WHATELY]

MATERNITY UNIFORMS

Dear Editor:

I should like to voice a complaint which I have heard echoed innumerable times. Nurses are no different than millions of other women and, like other women, married nurses do get pregnant. In my opinion, pregnancy should not hinder a nurse from working as long as she is able to do so. However, where can a nurse purchase a maternity uniform? I have never even seen one advertised. If a nurse cannot sew or doesn't have time to make her own, the only alternative is to wear larger sizes as her waistline increases. I say it isn't fair, and I would like to ask if there is any way to bring this to a manufacturer's attention. Are there other nurses who feel as I do?

(MRS.) ARLEEN M. LUND, R.N.
CEDAR RAPIDS, IOWA

WHERE TO RETIRE?

Dear Editor:

Security, insurance and retirement funds are all very well but to what avail to those who have no place to live—a place to retire—what heavenly words to one who is tired. I am one of the older nurses and so I speak with a little experience and authority on the matter. A home, run on the

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TUMS require no mixing or stirring—eat like candy—always have them handy.

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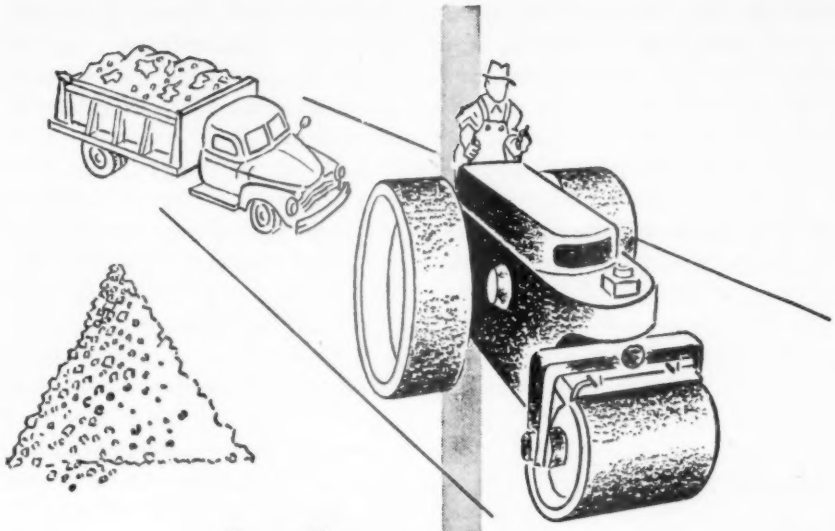
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same plan as a church home, would solve a great problem for the nurse who is about to retire. There are a great many lovely homes for the aged but most of them require a large fund for entrance and very few nurses have such a fund available. Why not a national home for nurses? The state, city and church are doing their share but to my mind a home for very aged nurses is the greatest need.

ANNIE J. BARTON, R.N.
WOODHAVEN, N.Y.

CANDID COMMENTS

Dear Alice:

I'm sorry I can't meet the deadline for June's "Candid Comments." I'm at the toughest part of this 12-week siege—the convalescence with its naps, needles, pills, powders and jailers. But the sap is running and the doctors approve my plan to start out on my *next* 35 years of work. Although I'm a veteran of scar tissue, it's always a fine education to be on the patient's end of things. The magic of modern diagnosis, anesthesia, surgery and build-up leave me wide-eyed. Twelve days after major surgery I walked up three flights of stairs without batting an eye and with but one idea in mind—to make a big pot of coffee.

Of course I realize that early ambulation doesn't necessarily shorten the total convalescent time, but it certainly does get your legs back under you faster. It really isn't magic at all but the result of a carefully planned, skillfully executed program with superlative doctoring supported by superb nursing. How I wish that every human with medical needs could have the restorative help that blessed me.

Some of the things I learned will creep into my articles henceforth, but right here I want to talk briefly of bedside nursing. It bothers me a lot to see that some of our people give it slight respect. If you ever feel your respect for it slipping, I recommend a bit of surgery, or a broken leg. It's worth the trouble for it will re-emphasize the artistry and utter need for the personalized, thoughtful, rounded care that sustains and restores the whole patient. Attention to bodily needs is not enough for a lot of us. Except in extremity, I think the most important single need in the nurse-patient relationship is the sense of confidence that comes when you know there's someone at hand whose skill and conscience are at the beck of your needs. Sometimes the best nursing is no nursing—but only the quiet presence of someone who knows how to pack pillows under your spirit as well as under your back. A luxury? Not any more than three meals a day. If there's ever a question between mortgagin' the farm and getting this kind of nursing, I'll mortgage the farm.

More than ever do I believe that good bedside nursing is the basic starting point for all good nursing in every realm. It ties up in one package all the ends of the things you've learned in the classroom and elsewhere. It individualizes the knowl-

edges you've learned in the mass and it gives you a hard-bitten, practical experience in what happens to people when illness, accident or surgery take them out of the running. It brings out the best in your character for it is your attitudes toward people and your way of helping them that spell out the art of nursing.

I heard a seasoned private duty nurse in the corridor giving a younger nurse the works. "It's your business to go in there and find ways to get along with him. I know he's a terror, but he's got a cancer—you haven't. It's not your feelings that count, but his. What are you here for—just to baby-sit and give baths, or to help a scared, awfully sick man? Stop grousing and get in there and be a *nurse*." It seems to me that this kind of discipline and learning is essential for every nurse wherever he or she plans to practice. (I don't think *I* was a terror but I did love having someone a fussin' over me and a feudin' for me!)

The matter of bedside nursing brings up the old point I've argued many a time with my betters. Some of them believe that when there's enough general staff nursing available, private duty will die a natural death. The assumption is that the two fields are synonymous—that the question is only one of time. I completely disagree. They are two distinct and separate fields. Like industrial nursing and public health, they have certain parallel lines—then they diverge sharply. I'm going into that further some day for I think it is an important point. The average staff nurse doesn't have the time or opportunity today to give the well-rounded bedside care that a lot of them want to give. They miss it too, for there's nothing more rewarding to mind and spirit than the creative job of total nursing.

The nurses who have made private duty nursing a career, a vocation, and not just an on-again, off-again way of earning extra cash have preserved the best in the art of nursing. I verily believe that's why this field remains sturdy and alive despite the belittling attitude of some of our people. I think that patients know what they need and want in nursing care better than we do. We should take note of that fact.

I was told my last words before going under anesthesia were, "If I die see that the nurses get paid." The more I think of possible last words the more fitting these seem to be. Of course I'd planned to pay my other bills as well, but I feel a special sense of obligation to the individual nurses who turned me like a chicken on a spit, who "dangled" me, who walked me, despite my heartfelt protests, and who sent me home with a new lease on life. My gratitude extends to a profession that has made these things possible. Mother used to say, "Have a good time, be a good girl, and *learn something*." That's what happened to me and I'm a better person for it.

Adios,

JANET M. GEISTER, R.N.

[*We thank God, your surgeon and your nurses for your new lease on life.*—THE EDITORS]

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Chlorophyll given by mouth cannot completely eradicate *exogenous* odors arising in stale perspiration, since chlorophyll is not eliminated in the sweat. Such odors are formed on the skin *after* sweat is excreted, by bacterial decomposition of urea and fatty residues. Complete control of body odors requires local hygienic measures plus systemic deodorization with CHLORESIUM CHLOROPHYLL TABLETS.



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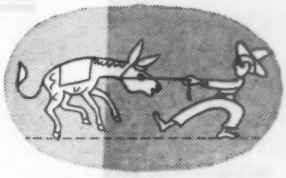
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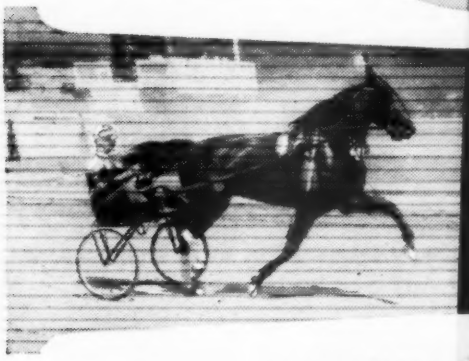
slow healing **wounds**

burns

ulcers

(decubitus, varicose, diabetic)





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New clinical studies[1] again prove the ability of Desitin Ointment to ease pain, inhibit infection, stimulate healthy granulation, and accelerate smooth epithelization in lacerated, denuded, ulcerated surface tissues . . . often in conditions resistant to other therapy.



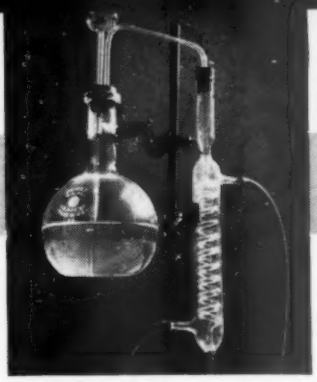
protective, soothing, healing **Desitin Ointment** is a self-sterilizing blend of high grade, crude Norwegian cod liver oil (with its unsaturated fatty acids and high potency vitamins A and D in proper ratio for maximum efficacy), zinc oxide, talcum, petrolatum, and lanolin. Does not liquefy at body temperature and is not decomposed or washed away by secretions, exudate, urine or excrements. Dressings easily applied and painlessly removed. Tubes of 1 oz., 2 oz., 4 oz., and 1 lb. jars.

write for ***samples*** *and reprint*

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70 Ship Street, Providence 2, R. I.

1. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surg. 18:512, 1949.



Science Shorts

Streptokinase and streptodornase have been found to promote healing by their ability to remove waste material from infected and wounded areas such as bedsores, rectal infections, pilonidal cysts, and blood collections in the chest cavity. In a study conducted by Drs. Joseph M. Miller, Milton Ginsberg, Raymond J. Lipin and Perrin H. Long, and reported in the *JAMA*, 80 out of 85 patients were successfully treated with the biologic compounds.

*

The total number of cerebral palsied children added each year to the population of New York State is 1,200, or more than twice as many as the number handicapped following polio, according to a report of the New York State Association for Crippled Children.

*

A reversible lens arrangement in eye glasses which allows the bifocal portion to be moved out of the way when not needed has been reported by Dr. David E. Rolf in the April *Archives of Ophthalmology*. Dr. Rolf states that the flexibility feature of the new glasses will solve the problem of patients who cannot accustom themselves to walking while wearing bifocals in the usual position. It is especially recommended for those engaged in occupations with unusual visual demands, such as barbers, paper hangers, painters or those in the building trades.

*

A penicillin tooth powder has been authorized for prescription sale by the Food and Drug Administration. Clinical tests on 400 school children showed "Dentocillin" to be safe and effective in combating tooth decay.

*

Evidence has been provided that children who have their tonsils removed during a polio epidemic run a three times greater risk of contracting polio and an eleven times greater risk of contracting bulbar polio than children whose tonsils are not removed. The intensive studies were based on a statistical survey of the heavy polio epidemic in Minnesota in 1946 and results are reported in the *Annals of Otology, Rhinology and Laryngology*.

*

According to the JAMA, ***the expectant mother of today has better than 999 out of 1,000 chances for survival.***

*

Marking American medicine's first national acceptance of alcoholism as a responsibility, the AMA has passed



Dear Nurse:

This is a picture of a grateful patient...

Remember when she was in the hospital and had that irritating itch?

And you applied CREMACAL — the soothing, anti-pruritic-analgesic ointment — which gave her such quick relief?

She has never forgotten you or Cremacal — and never stops thanking her lucky stars that you introduced it to her.

For Cremacal has a variety of uses — not only in itching skin conditions, but in minor burns and sunburn, insect bites, eczema.

J. F. Fleming M.D.

Medical Director

CREMACAL®

—a product of NUMOTIZINE, Inc., Chicago 10, Illinois

FORMULA: Calamine 10%, Glycerine 5%, Benzocaine 1%, Phenol 0.5%, Menthol 0.25%

a resolution referring the subject to its Committee on Chronic Diseases. It has been estimated that there are approximately 3,500,000 compulsive drinkers in the U.S.

*

Patients on a low-sodium or salt-free diet will welcome Co-Salt, a new product of the Casimir Funk Laboratories. Composed of choline, potassium, ammonium chloride and tricalcium phosphate, it can be used to season food at the table or in cooking and leaves no bitter or metallic taste.

*

The Food and Drug Administration recently stated that the addition of ipecac to barbiturates in order to guard against barbiturate poisoning is impractical. According to the AMA Council on Pharmacy and Chemistry there is no known substance that can be added to barbiturates to prevent overdosage effects.

*

A new "instantaneous" pain killer for toothaches, facial neuralgia, and other mouth troubles, a sublingual tablet of aspirin and saccharin, was described recently in the Illinois Dental Journal. *In some persons relief came within 45 seconds and the longest period required was five and a half minutes in the testing of 315 persons.*

*

The germ-killing, soapless detergent, pHisoHex (Winthrop-Stearns), employed as a pre-operative scrub, has also proved useful in cleansing wounds under battlefield conditions, according to the commander of a medical unit in Korea.

5 out of 6 gynecologists approve tampons, like Meds, for normal women



. . . according to a recent national survey made by the Johnson & Johnson Research Foundation of 900 leading gynecologists and obstetricians.

In this same survey 4 out of 5 doctors reported that it is safe to swim during menstruation provided the water is not too cold. Also, when Meds are worn, you can shower, bathe.

Meds Were Perfected by a Gynecologist

. . . and are made of snowy white, highly absorbent, surgical cotton, and each is individually wrapped for additional protection. They are easier, quicker to insert, thanks to the new, improved applicator. Meds, the Modess tampon, are made by one of the most trusted names in the hygiene field.

Meds Provide Comfort

. . . assurance, undreamed-of peace of mind. They come in Junior, Regular and Super sizes. Since they are worn internally, they eliminate pads, pins, belts . . . end chafing and odor.

Single Girls Can Use Meds

. . . thousands and thousands of them do every month since the use of Meds in no way changes the physical structure. Because we are so sure that you too will like Meds once you've tried them, we want you to do so at our expense. In addition, you and your friends may like copies of the educational booklet on menstruation "It's So Much Easier When You Know." For FREE copies and Meds sample just fill out and mail the coupon below.



Olive Crenning
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Please send me your Meds booklet and sample. (Check size) Junior____, Regular ____, Super____. (One to a family. U.S. only.)

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IN A COOL, COOL, DIX-MAKE
sizes 10 to 20
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*max. shrinkage less than 1%

Bactine

BRAND Reg. U.S. Pat. Off.

and *the mouse's tail*



In one interesting test with *Bactine*, mice and pneumococci were employed. The tips of mice's tails, contaminated with pneumococci, were cut off and implanted in the peritoneal cavities of the animals This almost certain method of inducing pneumococcal peritonitis in mice was foiled in 100 per cent of the cases when the contaminated tip, before implantation, was placed for 5 minutes in a dilution equivalent to 2 cc. of *Bactine* to 3 cc. of water.

– *from a laboratory report on* Bactine

This is just one of the exhaustive tests demonstrating the bactericidal power of *Bactine*, the new quaternary ammonium antiseptic.

Bactine has a clean, fresh odor and does not stain. It is gentle to skin and practically painless on abrasions and cuts. It has mildly cooling and local anesthetic qualities and relieves itching due to insect bites, sunburn and skin irritations. High surface activity gives *Bactine* unusual cleansing and penetrating properties.

Bactine relieves the itching and combats the infection of athlete's foot. Daily application will completely eradicate fungi in most lesions.

some of Bactine's *many uses*

hand antiseptic • first aid (burns, cuts, abrasions)
disinfectant for instruments • sanitizing equipment
cleanser • deodorant • preparation of skin for surgery

MILES LABORATORIES, INC.
ELKHART, INDIANA



Speaks: ON THE

■ THE TEMPESTUOUS convention season has gone the way of all seasons and now leaves us to mull over all the words of wisdom we have heard. How much original thinking were we exposed to? How many re-hashes of old speeches did we recognize? How many speakers sent us away—thinking?

Have you ever wondered about that singular twist in our mercurial nature that bedevils us into spending weeks, even months, preparing a fine paper to be delivered at a state, national or regional meeting, but then lets up before it urges us to spend five minutes preparing for the delivery of the paper? How easily we ignore Lord Chesterton's advice: "The manner of your speaking is fully as important as the matter."

Criticism of this weakness of our nursing spokesmen was pointed out by a nurse reader in a letter to the *American Journal of Nursing* a few years ago—in the August, 1949 *Journal,* to be specific. The author of the letter complained that our nursing leaders have not developed their voices or learned how to speak in public. She wrote, "For years I have listened to speakers at nurses' meetings droning along as if words were coming from a faulty machine. There is no inflection, no pause, no forcefulness to indicate that there is a human being behind the voice. If what they say is important, listeners should enjoy hearing it."

There was no mention in this letter of the disconcerting *habitum apologiae* to which too many of our nurse speakers have succumbed—especially our educators. Sic: "I don't know why I was asked to speak on this particular subject when there are others better qualified." The audience wonders too. Possibly this is the influence of advanced education and its homage to the "higher authority."

Too many nurse speakers lack platform presence. A speaker's inability to develop a natural ease of manner makes the audience almost as uncomfortable as the one on the platform. We have all been uneasy with the "totem pole" who stands rigidly before the microphone, glued to one position. But rather the discomfort of the "totem pole" than that mal-de-mer sensation accompanying the "waving reed." How many speakers may be identified by their platform mannerisms? One of our eminent nurses makes an arc over her audience. Her voice comes out in spasms, the sounds ranging from a distant sibilance to an audible phrase which suddenly fades off. The audience is left wondering

SPECIES OF SPEAKERS

where the sentence was dropped, and if there was anything worthwhile in it.

And more to be pitied than censured is the audience that suffers through the exchanges of the "mike." Invariably the tall speaker inherits the dais from the petite authority on nursing. Does she take 30 seconds to raise the adjustable stand of the microphone? Oh no, she bends her back like an animated question mark, grasps the "mike" for support and sends out her fricatives only over the airways. But better this than listening to and watching the strain of the short speaker as she takes a gargling stance and raises her face to the lights and her voice to the rafters in an effort to speak into an elevated microphone. Also, the mike is there for a purpose—to help the audience hear what is said. The coy, "Oh, *must* I use this? I'm suah you can heah me without it," isn't good manners.

In compiling such a list, the utterly-bored-with-the-subject speaker should not be overlooked. This type may have had an interest in the topic at one time—but that time was long ago. Now, after numerous rehashes of the same speech, even the speaker can't take it. Or to be charitable, it could be she knows scads about the subject, but is unable to kindle any enthusiasm of her own, consequently, doesn't transfer any to the audience. Speakers who believe in what they say reveal it in their voices, and in the sincerity and conviction with which they present their points. Of course, there is also the physically exhausted speaker to be considered. One nurse figure, well known to the convention circuit, has fulfilled so many engagements that her year's itinerary reads like an endurance marathon. Nine out of ten of her talks have as their core a set of static statistics. Who could continually whip up enthusiasm with that subject and schedule?

Speakers communicate their ideas to the audience in words, the choice of which is frequently revealing, and may, at times, be the cause of moments of embarrassment for those parading dressed-up words on special occasions only. When the speaker, like a pole vaulter, comes to an abrupt stop before approaching words such as *automaton* or *authoritarianism*, it's a dead give-away: the speaker is using Sunday language—or someone else wrote the speech.

There is one basic principle for every speaker—respect the audience, whether 10 or 10,000 are present. Practiced delivery and platform presence are as important as careful organization of ideas into the paper. They constitute respect too. A restless audi- [*Continued on page* 68]

KNOW YOUR COMMUNITY RESOURCES

by Frances Lewis, R.N.

»Like other professional people, nurses have tended to view the recipients of their services in a rather specialized fashion. Fortunately, now with the growing emphasis on "the whole patient," we are beginning to gain a broader concept of nursing care, based not only on the patient's illness but on his hopes, fears, economic status and other environmental factors as well. This new concept doesn't mean that nurses should attempt to solve all of their patients' difficulties themselves but it does ask that they recognize and refer them to the proper sources of help within the hospital or the community. Since many institutional nurses are unfamiliar with the great wealth of community resources beyond the hospital confines, R.N. is presenting a series of articles describing various agencies or organizations dedicated to the health and welfare of our populace. The first article in this series introduces the Travelers Aid, an organization which currently is celebrating its 100th year of public service.«

■ FROM MAINE to California, from Texas to Minnesota, Americans are on the move. Some are taking business or vacation trips, or visiting relatives, while others, who have pulled up stakes, are searching for greener pastures—better employment, easier living conditions or a warmer or cooler climate. Most recently the travel tempo has been quickened by the increasing number in the armed forces who are being shuttled across the length and breadth of the country.

Although this kaleidoscopic pattern of movement within our borders is not fraught with the dangers of an earlier pioneering day, it is subject to the more complicated problems and pitfalls of an industrial and mechanized age. The very act of moving into a strange city or town can be an arduous experience for the inexperienced, the poverty-stricken, the aged or the very young traveler.

No one knows this better than the Travelers Aid, the only social agency in the country devoted to the specific task of assisting people away from home and in difficulty. Every year approximately 1,500,000 troubled travelers are directed to the TA Lamp—a familiar and comforting landmark in the bustling confusion of bus, train and air terminals. At present there are 108 Travelers Aid Societies strategically situated in all major cities of the U.S., in addition to 928 cooperating agencies, and cooperating groups or individuals in 35 foreign countries.

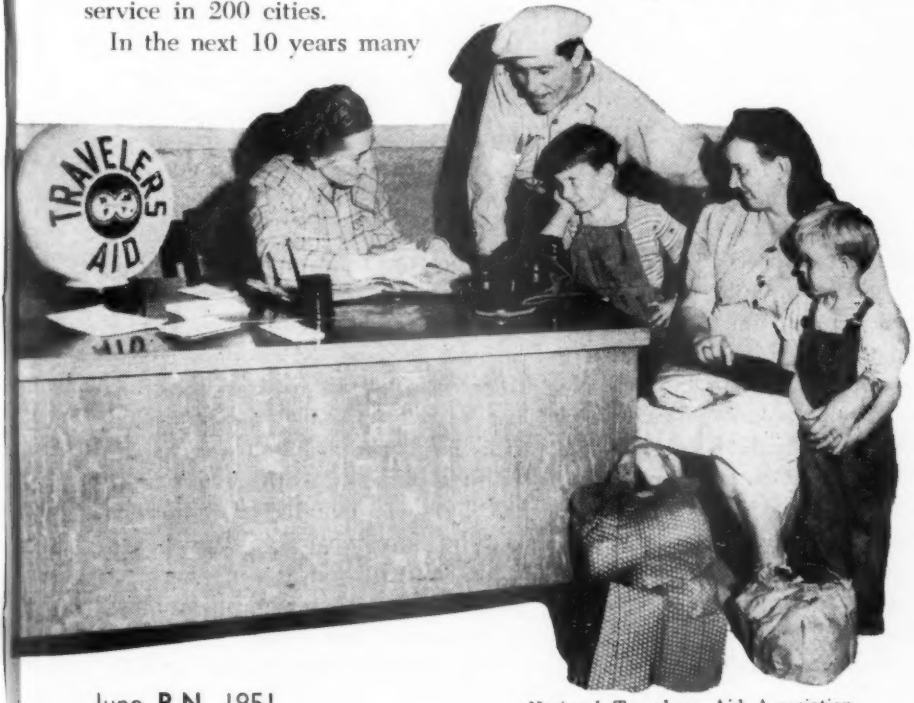
This organized response to the

needs of people in transit had its origin 100 years ago when a judge and former mayor of St. Louis, Bryan Mullanphy, left $500,000 of his fortune "to furnish relief to poor immigrants and travelers coming into St. Louis on their way . . . to settle in the West." This money is still being used by the Mullanphy Travelers Aid Society in St. Louis.

The seed of the philanthropic judge's idea gradually took root in other cities. Several years later, in 1885, a worker for travelers aid was employed by the Society of Friends of Brooklyn and the Flower and Fruit Mission of the New York Hospital. And in 1905, the YWCA, which had been particularly concerned with the protection of young ladies from the lurking evils of large cities, established a travelers aid service in 200 cities.

In the next 10 years many travelers aid societies were instituted by various agencies and communities, and finally, in 1917, a central clearing house, the National Travelers Aid Association, was founded in order to coordinate and standardize the activities of the rapidly increasing number of independent societies.

Today, this Association, which has its headquarters in New York City, serves as a conning tower for the nationwide network of locally supported Societies. It maintains an up-to-date directory of all TA resources and facilities; appoints individuals or agencies to serve as cooperating representatives in communities where there is no TA Society; gives assistance on program, staff training and financing; establishes cooperative relationships with other national



National Travelers Aid Association

welfare agencies; and informs the Societies of migratory trends and other conditions affecting travelers. Typical of the research activities carried on by the Association is a study of migrant boys in wartime, which appeared in the *Social Service Review* of September, 1945. This article points up the long-range social service aspects of Travelers Aid, stressing the economic and educational needs of these boys in the post-reconversion period.

The widespread activities of the Association are made financially possible by the membership dues of the Societies, Community Chests in cities which have no local TA program, as well as by contributions of transportation companies and interested individuals. The funds of the local Societies are derived from Community Chests, transportation companies and other voluntary sources.

One of the greatest periods of TA expansion was during World War II when the addition of 181 USO Travelers Aid units and 171 USO Lounges provided 99 million services to civilians, military personnel and war production workers. And now that stepped-up mobilization is once more the order of the day, TA is once again making plans for expansion of its facilities to meet the travel demands of servicemen and war workers.

Most of the day-by-day assistance requested of the Travelers Aid Society is given to children traveling alone, elderly or handicapped travelers, strangers from other lands, migratory workers and their families, young people who have left unhappy homes, and travelers in financial straits. But interspersed among these more serious problems are the hundreds of routine questions such as: Where is Main Street? Is "X" Company employing old people? Where is a good place to eat? No matter how insignificant, every request for assistance or information is given the same sympathetic attention by the Society's staff of workers.

Although many of the volunteer workers with whom Travelers Aid is so well endowed can answer the routine inquiries, more complicated problems call for the experience and training of a regular TA staffer, who is also a qualified social service worker. It is she who must decide what is to be done about a 16-year-old girl who has run away from home because of her pregnancy; a newborn baby who has been found in the ladies room, or an elderly woman physically unable to continue her journey.

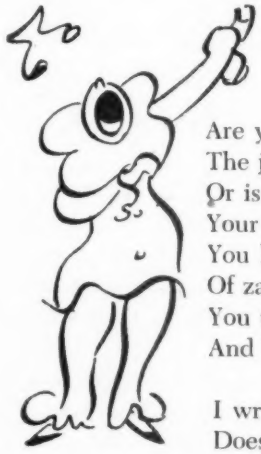
These and other situations which confront the trained TA worker differ somewhat from other social work problems in that they require a speedy decision. Since time is frequently of the utmost importance to people on the move, the requested help must be proffered as soon as possible but, on the other hand, must not be given blindly or indiscriminately. To receive help, the client's status must be that of a moving person, and his request or problem must be related to this status.

One of the worker's chief aids in

sizing up a situation quickly and accurately is the information obtained from TA Societies or social service exchanges which are clearing agencies in the home cities of her clients. She too may serve as a link in the nationwide TA communication chain by relaying the special needs of travelers to other TA Societies. To know how to solve the problems of those who have reached their destination the worker must also have a thorough knowledge of community resources. She must know where to refer the physically disabled, those desiring housing or jobs, and others who are unable to deal with the obstacles of a strange city.

One of the most strenuous jobs of a TA staff member is the meeting of newcomers from abroad. Some of these meetings are pre-arranged by the immigrants' relatives while others are referred by immigration officials at the dock. At the present time 20 per cent of all D.P.'s arriving at American ports are helped by Travelers Aid.

Even though this type of service, which consists of helping with tickets, money, baggage, and other travel encumbrances, is given to people who cannot speak English and are unfamiliar with American customs, it is nevertheless based on the social service philosophy which pervades all other kinds of TA services. That is, [*Continued on page* 64]



MOCKING A MOCKING BIRD

Are you a Pagliaccio in disguise,
The jester and the clown of feathered creatures,
Or is it only jealousy that features
Your frustrate talent, harsh with garbled cries?
You lure me with discordant exercise
Of zany scales, unknown to music teachers;
You thieve the dulcet notes and that of screechers
And blend the song I hear you vocalize.

I wrong you, friend? You say your heart is breaking?
Does your buffoonery hide a tragedy;
Although admitting songs of others' making,
You hoped for greater charity from me?
Mischievous wit!—You doff convention's fetters
Because it is such fun to ape your betters . . .

—Sylvia Storla Clarke





THE BABY BEAT — by Helen Masson, S.R.N.

■ IN 1949, a few months before I left England for America, a young woman came to the antenatal clinic in Aylesbury where I was working as a district nurse. When she discovered that I was not a receptionist, but the midwife who would see her through her pregnancy and the delivery of her baby, she said with some alarm, "But you're much too young to do anything like that! I think I should have a doctor."

If I had told her that her baby would be entered as the eight-hundred and fortieth in my record book it would probably not have done much good, for then she would have been convinced that I was a prevaricator as well as an incompetent. Like many another, she had been steeped in the legend of the old-time midwife — unschooled, unsanitary and partial to a nip of gin. There was nothing to do but be as brisk and efficient as I could.

"We'll find out whether you need a doctor," I said, "as soon as I've examined you." I gave her a reassuring smile. "You look pretty healthy."

She was healthy, and in due course I delivered her of a fine boy. Thus another family was won over to praise of the practicing midwife who frees the doctor for other work.

In England and Wales, an area slightly larger than the state of California, there were 174,000 nurses and midwives in the National Health Service at the end of 1949. Practicing midwives accounted for about 17,000 of this total, although there were approximately 70,000 registered certified midwives. It is estimated that midwives are responsible for 65 per cent of all deliveries and attend 98 per cent of the total number of deliveries.* Under the National Health Service Act, the midwifery service provided by a law passed in 1936 is still administered by local authorities but receives funds from the government rather than from voluntary contributions,

**Public Health Nursing*, Dec., 1950, p. 650.

legacies and fees, as it did previously.

At the time of my reluctant patient's visit I was 29 years old and had been nursing for almost ten years. I became a State Registered Nurse after four years of nursing training at St. Thomas's Hospital in London. A year of midwifery training made me a State Certified Midwife, and another six months' specialized course on the technique of nursing in the home qualified me as a Queen's Nurse. All this training merely meant that, like nurses everywhere, I was equipped to go out in the community and do a lot of work.

In the first six months of midwifery training my classmates and I studied anatomy; the various stages of foetal development; abnormalities during pregnancy, labor and the postpartum period; complicating factors such as tuberculosis, heart disease, diabetes; and pharmacology. One of our teachers was the famous Dr. Grantly Dick Read who gave us lectures on his methods of painless childbirth. In this period we had to observe at least ten deliveries by a trained midwife or doctor before we were permitted to make a delivery ourselves. Then, under careful supervision, we had to practice palpation and deliver 30 or more babies before we were eligible for the first certificate examination.

In the second six-month period we spent two months in the hospital and four months working with a district midwife in the homes. We also received more advanced lectures and acquired experience which enabled us to manage an antenatal clinic. Only after we passed the final examination were we entitled to deliver babies on our own.

Midwives who work in hospitals deliver an average of 20 babies a week; but district nurses who must cope with the various ills of the people in their district and run the antenatal clinic as well, are not likely to have more than three deliveries a week. Although the ideal coverage aimed at was one nurse for every 5,000 people, this was seldom possible. For example, in Aylesbury where I worked there were four nurses for a population of 30,000. In order to distribute the cases fairly, my roommate and co-worker Peg Cleaton-Jones and I alternated cases, for usually in a year's time the tough cases and the easy ones balanced out. And there were some difficult deliveries, no doubt about it!

One night at the end of the war I went on a mission with what is known as a hospital flying squad—an obstetrician, an intern and a nurse—sent out to take care of an obstetrical emergency in a home. With as much speed as possible, we drove 40 miles out of Oxford in the direction of the farm where the patient lived. Progress was difficult, however, since all the road signs had been removed at the time of the imminent German invasion and our only guide was our speedometer reading. To make things even more frustrating, just before we reached our destination we were blocked by a closed railway crossing gate. We pressed the horn, shouted and beat our fists on the gate-keeper's window

but no one answered. Finally, in desperation, the obstetrician and I, loaded down with blood, plasma, the transfusion outfit and as much of the other equipment as we could carry, left the car and started out on the black and lonely road. After we had reached the home and started the transfusion, the intern arrived with the car. It seems the gatekeeper had been sleeping off the effects of his VE–Day celebration.

Of course, the normal routine of district deliveries was much less dramatic. Take the case of Katie Galbraith who telephoned the house one day to book me for the delivery of her first baby. Although there was room available in the local hospital, she preferred to have her baby at home. She knew that a home delivery would be less expensive and friends had told her of other advantages. In a home delivery the midwife and patient have had several months in which to establish rapport. In the hospital, a sensitive girl must face strange nurses and other mothers who are curious about the difficulties she may be having. On the other hand, when the baby is born at home the midwife can usually arrange to be with the mother at feeding time and offer advice and help. Furthermore, the record shows a remarkably low incidence of sepsis in home deliveries.

I told Mrs. Galbraith to attend our antenatal clinic at Dr. Selby's office. The first time she came, a week after she had missed her third period, I examined her, took her blood pressure, measurements, history of previous illnesses and tested her urine. Peg and I also tried to find out how much she knew about having a baby. Since this was her first pregnancy we reassured her and explained the mystery of birth in simple terms. We also lent her Dr. Read's book, *Childbirth Without Fear,* and instructed her in some of the techniques of exercise and relaxation. We bore in mind constantly the important part mental conditioning plays in helping a woman through pregnancy; as a small example, we never used the word "pain," substituting for it the more euphonious "contraction."

Our antenatal regimen was much the same as that of an obstetrician in America. In the event of any abnormality, however, the case was always turned over immediately to a doctor. There were other differences too, differences brought about by the disparity in living conditions in the two countries. Since Mrs. Galbraith's normal rations of meat was equal to about two pork chops per week, we arranged for extra rations of three per week and raised her milk ration of three pints a week to one pint a day. It was our additional job to be sure that Katie ate the meat herself, instead of giving it to her hardworking husband.

At 32 weeks and again at 36 weeks, Katie Galbraith had to visit her doctor, who examined her abdominally and vaginally and gave me a certificate stating that she could have gas and air during labor. Earlier in her pregnancy I had been to her home [*Continued on page* 53]

HOSPITAL WEDDING BELLS



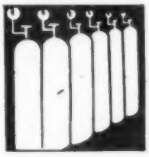
A lovely June wedding took place this past month when Miss Night Ingale became the bride of Dr. Hippo Crates . . . **The bride,** a graduate of the Clara Barton School of Nursing, wore a stunning starched uniform of white poplin decorated with pearl buttons from neckline to hem. On her head was a surgery cap with flowing strings held together at the nape of the neck with a chrome hemostat. She carried a large catheterization tray





from which hung intravenous tubing with several small stopcocks and Murphy drips . . . **The two bridesmaids** were attired in loosely fitting surgery gowns. On their heads they wore crowns of woven band-aids, and each carried a gleaming urinal covered with white muslin and strewn with cotton pledgets that had been hand-dipped in Merthiolate . . . **The groom,** a member of the staff of Pasteur Hospital, and the best man wore the usual





surgery scrub suits with boutonnieres of applicators and tongue depressors. Shiny, new stethoscopes dangled around their necks . . . **The wedding party** moved slowly up the aisle which was lined with fully equipped oxygen tanks as the organ softly played "Angels of Mercy." The altar was composed of Mayo stands that had been draped with laparotomy sheets held in place with plasma bottles . . . **After the ceremony** an informal reception was

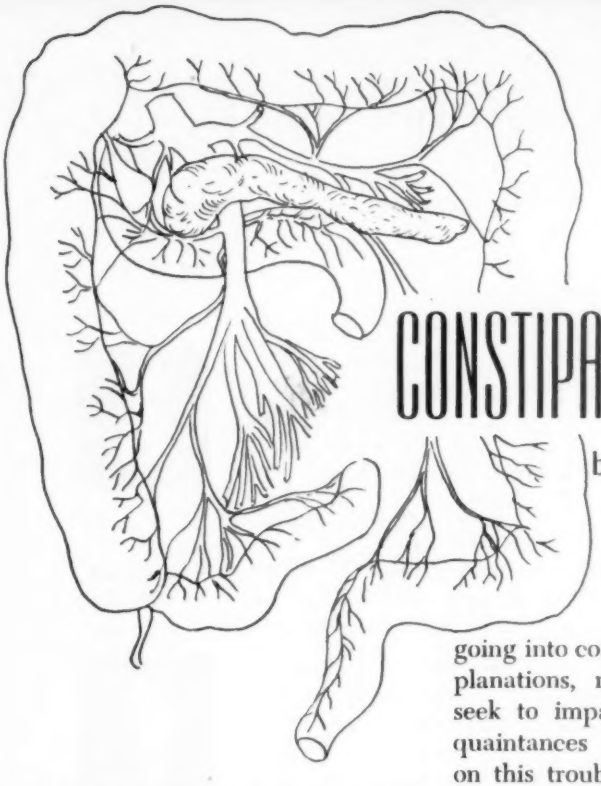




held at the hospital in the postmortem room. The bride and groom cut the cake with a scalpel decorated for the occasion with adhesive tape to which were attached hypodermic needles and ampules.

»Shortly thereafter **the happy couple** left for Mayo Clinic, planning to spend their honeymoon touring the hospital.«

by Frances C. Adams, R.N.



CONSTIPATION

by Frances Lewis R.N.

■ FOR THOSE WHO have been raised in a non-cathartic household, the first few days of nursing experience are apt to provide an eye-opening introduction to the widespread preoccupation with constipation. Although the concern of hospital patients with the state of their bowels may be justified, it reflects in too many instances the attitude of healthier persons who believe there is no worse fate than that of irregularity.

Much of the layman's exaggerated fear of constipation can be traced to an ignorance of the mechanism of elimination, and the necessity of hygienic habits. The dispelling of this fear, therefore, presents a real teaching challenge to nurses. For without going into confusing and scientific explanations, nurses can and should seek to impart to patients and acquaintances the physiological facts on this troublesome disorder. As all nurses know, the digestive tube extends from the mouth to the anus, and when food is ingested it travels to the stomach where it is prepared for absorption by the gastric juices. It then moves on to the small intestine where the products of digestion are absorbed through the intestinal wall. The remainder of the food which is not digested or is incapable of digestion passes to the large intestine or colon to be acted upon by the numerous bacteria, and excreted. The feces consists mainly of water (65-75 per cent), bacteria, and indigestible cellulose of vegetables, grains and fruits. Small amounts of fatty substances, the products of disintegration of the bile pigments and

other digestive secretions, and small quantities of iron, calcium, and phosphorus make up the remainder of the fecal mass, which is held together by mucous secretions of the small and large intestines.

In the normal course of events, this fecal mass is swept along by a wave-like peristaltic motion of the muscular intestinal wall until it reaches the rectum. Filling of the rectum with feces initiates the defecation reflex which leads to the extrusion of a cylindroid mass measuring about six inches by 1 inch. This fecal material generally represents the residue of food which was ingested 24 to 48 hours previously. The bowels of the average person move once a day, usually after the morning meal, but this does not constitute regularity for everyone. It is perfectly normal for some to skip two or even three days with no evidence of damage to the colon or disposition. Bowel movements, like many other bodily functions, cannot be measured by a common physiological yardstick.

Normal infrequency of stools, transitory infrequency, and the fact that not all of the fecal material is eliminated at once make many people feel that they are harboring virulent poisons, and condition their minds to the cathartic habit. For example: the person who skips one day becomes unduly alarmed, takes a cathartic or enema and washes out the entire colon. The next morning, naturally, nothing happens; he takes another cathartic and moves into another concentric ring of the vicious cathartic cycle. After a time, the natural defecation reflex may be completely lost and he comes to depend on the daily use of a cathartic. Characteristic of the inveterate cathartic taker is his fatalistic statement: "I'd never have a bowel movement if I didn't take something." The truth is that most of these people haven't had the patience or the daring to wait two or three days for an accumulated food residue to build up to the defecation impulse.

Infrequency is not the only distinctive feature of constipation, although it is, admittedly, the one most often recognized. Other diagnostic signs are straining at the stool, and abnormal hardness and dryness of the stool due to its long sojourn in the water-absorbing colon. Even the person who has one stool a day may be constipated, for the feces extruded may be the refuse of two or three days before. Paradoxically enough, diarrhea may be another symptom, attributable to the irritation of hard fecal masses in the colon. In severe cases of constipation, the retained fecal material will become so hard and impacted that it may have to be removed by the gloved finger or special enemata.

There is no doubt that chronic constipation is harmful. Large fecal masses pressing on veins may give rise to hemorrhoids, anal fissures, varicose veins, or congestion of the reproductive organs. The migration of intestinal bacteria to the appendix, gallbladder, or pancreas has also been pointed out by some authorities as a dangerous concomitant. The common symptoms of anorexia, depression,

fatigue, headache, and abdominal fullness and discomfort have been referred to as results of auto-intoxication from the body's absorption of the bowel contents. However, many say that these symptoms probably arise from circulatory disturbances and nervous reflexes. They point to the fact that cotton or other unabsorbable material packed in the rectum may lead to the same symptoms, and that the sudden relief afforded by defecation cannot be accounted for by the process of detoxification.

One of the causes of constipation is a sluggish colon which leads to stasis or a standstill of the intestinal contents. This condition of atonic constipation, commonly seen in elderly, bedridden and debilitated persons, is due to loss of intestinal muscle tone. But perhaps the more common type of constipation is the spastic type which occurs in younger people. Spastic constipation is best treated by the use of antispasmodics rather than cathartics which only serve to irritate the already hyper-irritable colon. Both kinds of constipation may arise from careless habits—lack of exercise, insufficient fluids, poor diet and inattention to what is euphemistically termed "the call of nature." Emotional attitudes, fatigue, nervousness, confining illness and postoperative convalescence are also important etiological factors.

It must be remembered too that constipation is frequently associated with physiological and anatomical abnormalities such as anorectal disease, cancer, ulcers, intestinal obstruction, malposition of the uterus and congenital anomalies of the colon. In the treatment of the latter type, it is necessary to realize that if the underlying causes are given due attention the constipation may disappear. Indiscriminate dosing with laxatives in these conditions is generally putting the cart before the horse; witness the many constipated patients, victimized by hemorrhoids, fissures and fistulas, who may be completely cured of their constipation when their rectal ailments are corrected by medical or surgical treatment.

Other causes of constipation are biliary disease and hypothyroidism. In biliary disease, where there is a diminished flow of bile and a corresponding dehydration of the bowel contents, the proper remedy is the administration of dessicated whole bile or bile salts to maintain the water retention mechanism of the bowel. Other types of laxatives will not help this condition. When the thyroid gland, which controls the metabolism of the body and indirectly the vigor of the muscles, is underactive, constipation results. Therefore, in this type of constipation, thyroid is indicated to bring up the abnormally low BMR, and to increase the muscular motility of the intestines.

But, you may say, what about the use of cathartics for those who are suffering primarily from constipation? Naturally, no nurse will be dogmatic about this question for it is a problem to be solved by the physician. Everyone is agreed that there are indications for cathartics and enemas, but the doctor should be the one to

decide when and where they should be used.

Cathartic drugs which stimulate defecation are classified as laxatives, purgatives and drastics. Most of them induce peristalsis either by increasing the bulk of the bowel content or by irritating the mucous surface of the intestines. Some of the drugs which increase the bulk of the intestinal contents are agar, flaxseed and psyllium seed, mineral oil, methylcellulose and the saline drugs—magnesium citrate, milk of magnesia, magnesium oxide, magnesium sulfate and Seidlitz powders. Mineral oil, or liquid petrolatum, is a non-irritating lubricant cathartic, particularly useful in softening hard fecal masses. For this reason, it is of therapeutic value in preventing straining at the stool in patients with hemorrhoids, hernias, hypertension and other conditions. It has been reported that the habitual ingestion of mineral oil may interfere with the absorption of the fat-soluble vitamins and, because of this, many advise that it should be given at bedtime so that it will not interfere with the digestive process. There are many proprietary preparations of mineral oil in combination with other cathartics such as Petrogalar, Phenolphthalein Petrogalar, Cascara Petrogalar and Alkaline Petrogalar (containing milk of magnesia).

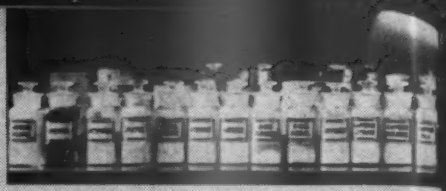
The rapid bulk-stimulating action of the saline cathartics is caused by the osmotic action of unabsorbed salt and the resultant increased volume of water within the intestines. Well-diluted solutions are usually given to ensure cathartic action and the more concentrated [*Continued on page* 57]

AND WHAT ARE LITTLE ALUMNAE GOOD FOR?

• An active and loyal alumnae association can be one of the most valuable attributes of a school of nursing. No one recognizes this fact more than the Alumnae Association of the La Junta Mennonite School of Nursing in La Junta, Colorado. Faced with the necessity for building a new nurses' residence in order to retain the School's accreditation, this small Association—numbering only 280 members—succeeded in raising $180,275, of which some $12,000 was contributed by the members themselves. Furnishings for the building, completed in 1950, were also provided by the Association.

The La Junta Mennonite School of Nursing, which celebrated its 35th anniversary last June, has been administered by the Mennonite Board of Education as one of the educational institutions of the church since 1949. Since there are at present no physical facilities for teaching the prenursing sciences, all entering students are required to have completed the five basic science courses in an accredited college. The School has an affiliation arrangement with the Colorado University School of Nursing in psychiatric and pediatric nursing.

Drug Digest



CASCARA SAGRADA U.S.P.

(Irritant Laxative)

PROPRIETARY NAMES: (Sold by several pharmaceutical firms)

PHARMACOLOGY: Cascara, obtained from the dried bark of a tree grown on the Pacific Coast, belongs to a group of cathartics whose action has been attributed to the presence of emodin, an anthracene derivative. This chemical substance, which is liberated in the intestines, stimulates peristalsis in the colon due to an irritant action. Cascara is frequently employed in chronic constipation because of its mild irritant property, its softening effect on the stools, and its ability to be used effectively for a long period of time. Since it takes about 7 to 12 hours to act and is usually given at bedtime, it is generally termed an "overnight cathartic."

DOSAGE: Cascara sagrada is available in an elixir, fluidextract, aromatic fluidextract, powdered extract, and extract tablets. The average tablet dose is 0.3 Gm. Although a 1 cc. dose of the fluidextract is usually indicated, the aromatic fluidextract, whose potency has been reduced one-half through the removal of the bitter cathartic principle, should be administered in 2 cc. doses.

UNTOWARD ACTIONS: General contra-indications to the use of laxatives apply to cascara. Overdosage should be guarded against, but prolonged use does not appear to produce a marked tolerance to the drug.

PSYLLIUM HYDROPHILIC MUCILLOID WITH DEXTROSE N.N.R.

(Bulk Laxative)

PROPRIETARY NAMES: Metamucil

PHARMACOLOGY: Metamucil is a mixture of a refined and purified vegetable mucilloid and powdered anhydrous dextrose. Classified as a hydrophilic colloid because of its sponge-like property of absorbing water, Metamucil serves as a mild bulk laxative through its ability to form a soft water-retaining, gelatinous residue in the lower bowel. Its demulcent and laxative qualities have led to its use in simple constipation, as an adjunct in the treatment of irritable colon or spastic colitis, and as a supplement to low residue diets where there is a minimum of roughage. It is also employed in the bowel management of duodenal ulcer, diverticulitis, hemorrhoids and pregnancy.

DOSAGE: Metamucil is available in powder form in 113 Gm., 227 Gm. and 454 Gm. containers. Dosage generally consists of one tablespoon of the powder stirred in a glass of cool water, milk or fruit juice, one to three times daily. Each dose should be followed by another glass of fluid in order to assure the formation of a soft bulky mass.

UNTOWARD ACTIONS: Indiscriminate use of Metamucil should be avoided because of the possibility of developing a dependency on the drug. Copious amounts of water should be taken with each dose to avoid formation of hard masses.



Drug Digest

METHYLCELLULOSE N.F.

(Bulk Laxative)

PROPRIETARY NAMES: Cellothyl, Syncelose (both N.N.R.)

PHARMACOLOGY: Methylcellulose, a fluffy, cotton-like material which dissolves in water to form a colloidal solution, stimulates peristalsis through its water-retaining property and its ability to form a demulcent jelly-like mass in the colon. It has been used effectively as an adjunct in the control of spastic or atonic constipation, mucous colitis, diverticulitis, chronic diarrhea, constipation of peptic ulcer, gallbladder disease and other conditions. Apparently, it does not interfere with digestion or absorption of the essential food nutrients, and does not cause allergic reactions.

DOSAGE: For maximum effect, methylcellulose should be administered with adequate fluids; each dose should be accompanied by one or two full glasses of water. Dosage for adults is 1 to 1.5 Gm. (two to three tablets) two to four times a day until a normal stool is obtained. The medication may be continued in reduced amounts for weeks or months if necessary. The drug, also available in tasteless granules, may be administered to infants and children by sprinkling it on their food. This pediatric dosage consists of one-quarter level teaspoonful (0.5 Gm.) administered one to three times daily, depending on the age of the child.

UNTOWARD REACTIONS: As in the case of other bulk laxatives, methylcellulose should not be used in conditions of threatened or actual intestinal obstruction.

MAGNESIUM CITRATE SOLUTION U.S.P.

(Saline Cathartic)

PROPRIETARY NAMES: (Sold by several pharmaceutical firms)

PHARMACOLOGY: Magnesium citrate solution acts as a cathartic by increasing the liquid content of the intestines resulting in mechanical stimulation of peristalsis. This retention of fluids in the intestines is due to the osmotic activity of the salt ions which are absorbed relatively slowly. Because of the drug's rapid evacuant action on the entire intestine, it is used in acute constipation, food poisoning, after anthelmintics, and occasionally in cardiac and cerebral edema.

DOSAGE: The effervescent solution of magnesium citrate commonly called "hospital lemonade," is available in bottles containing 350 cc. or 200 cc. Dosage generally consists of the entire contents of the bottle. Defecation may take place anywhere from one-half hour to 4 hours after administration.

UNTOWARD ACTIONS: Habitual use of magnesium citrate should be avoided because of its possible dehydrating and debilitating effects. Its use is prohibited in conditions where cathartics are ordinarily contra-indicated, and also in renal insufficiency, because failure of the kidney to excrete magnesium ions absorbed into the systemic circulation may lead to magnesium poisoning.



Photo by Philadelphia Inquirer

scout jamboree offers health tips

by Laurence McCracken

■ WHEN 47,000 boys between 12 and 18 years of age gather together from 48 states and 14 foreign lands to spend a week in the "largest tent city in the history of the Nation," one can well imagine the health problems involved! And yet a recent report on the National Boy Scout Jamboree, held last summer at Valley Forge Park, Pa., reveals that *with proper precautions,* health conditions in a temporary tent city can be far more nearly ideal than in a conventional city of comparable size.

There was one death among the Scouts, but this was caused by polio contracted before arrival at camp. Two other lads, who also had the disease before arrival, recovered. In addition, there were 14 fractures involving wrists, ankles, arms and collar bones, one fractured skull resulting from a fall from a truck, six cases of appendicitis and 13 cases of mumps, measles and chicken pox. Some asthmatic cases developed from dust in straw mattresses, but accidents with knives and axes, which had been troublesome during the National Jamboree at Washington, D.C.

in 1937, were held to a minimum. Illustrative of the special hazards created by a meeting of 47,000 active boys were the bites from such non-household pets as snakes and alligators.

During the eight days, 751 Scouts suffered injuries or ailments serious enough for them to be transferred from the 35 first aid stations to the main collecting station. Had they been home, most of the 311 boys who were hospitalized would never have gone to the hospital, but, understandably, the camp policy was one of super-caution. The highest number of patients in the hospital was 90 on any one day. At the camp's close, 33 boys were still hospitalized but all had been discharged a few weeks later.

Under the circumstances, this was an excellent health record. But, it must be emphasized that it was not due to chance; rather it was the result of painstaking planning and attention to precautionary health measures. For example, long before the Scouts arrived at Valley Forge, the U. S. Public Health Service sprayed the entire area to rid it of flies and mosquitoes. Six and one-half miles of water mains were built to bring an approved water supply from the Philadelphia suburbs, and four miles of sewer line was laid to serve the camp.

During the encampment, particular care was given to the prevention of food poisoning with the result that not one case of dysentery, diarrhea or poisoning was reported. The menu was specially planned to prevent fingering of food, and the procedure of having each group of 10 boys and their leaders cook their own food eliminated the necessity of food handlers. The major problem of safe dishwashing was easily solved by the use of paper service. In fact, the only eating utensils which had to be washed were knives, forks and spoons which were placed in sacks and boiled. Although there was some washing of pots and pans, even this was eliminated in many cases by the use of aluminum foil; fried chicken—the major dinner of the week—was prepared in aluminum foil.

The utilization of paper supplies, believed to be the most extensive ever attempted, required weeks of careful planning. Plates, cups, containers, and toilet tissue cost 83 cents per boy for the entire eight days. The service was boxed with just enough plates, napkins, cups and containers in each box to serve a troop of 40 boys for one day. Since the Scouts drew their paper service along with other daily supplies each morning, this required making up 14,000 paper assortments for the eight days, a job necessitating the labor of 22 men for one week.

Prior to the Jamboree, great precautions were taken to ascertain the physical fitness of each Scout planning to attend the camp. To be eligible, every boy had to be of at least Second Class rank with some camping experience, and pass a preliminary physical examination to rule out cardiac disease, diabetes, tuberculosis and other contagious diseases, and disabling [*Continued on page* 60]



Give Your Feet a Fair Deal

by Lynne Svec

■ THE HIKER and the cross-country runner may think they cover a lot of ground. But they have nothing on nurses, whose mileage on an average busy day can be as high as eight and a half to ten miles daily. In terms of putting one foot in front of the other, a nurse takes upwards of 20,000 steps in her stride per day.

That's a pack of traffic to bear, especially when you consider the size of your feet in comparison with the rest of you. The person who said, "Take a load off your feet," was not just being colloquial. The 38 muscles (19 in each foot), ligaments, tissues, and one-fourth of all the bones in the body contained in your feet are called on to support an aggregate weight of about two hundred and fifty tons every time you walk a mile!

Is it any wonder then that more than 80 per cent of all women have some type of foot disability, a fact disclosed by Dr. Benjamin Kauth, spokesman for the Podiatry Society of the State of New York.

Too many of us take our feet for granted until they start to hurt. But a little intelligent care of the feet and foresight in the buying of shoes can save a lot of pain and doctors' bills later. Feet require regular care as much as teeth do, and as in the case of teeth, neglect may have far-reaching repercussions. "Forgotten" feet can cause backache, poor posture, headache, as well as swollen ankles, pains in thighs and legs, and a host of other ills, not to mention the more usual signs of ailing feet: corns, callouses, bunions, ingrowing toenails or pump bumps.

There are other drawbacks, too. When your feet hurt, the world knows about it. Your disposition

shows it. Aching feet are hard to conceal; they are apparent not only in the way a woman stands and walks but also in the expression on her face —an expression that may turn into permanent and unattractive pain lines if the condition is not relieved.

We pay nearly a quarter of a billion dollars a year for our shoe-buying mistakes; but that's a drop in the bucket compared with the eventual cost of "unwearable" shoes that people grimly continue to wear. Unwise wearing of shoes is still another cause of foot troubles.

A few misconceptions about shoe-buying should be settled first. Your feet may get longer, but your shoes won't, and the stretching and shrinking done to shoes in a store won't last. The main secret of well-fitting shoes is the exercise of extra care and a little extra time in shopping for them. Take a tip from the podiatrists in buying shoes—go shopping at the end of the day when the feet are one-half to a full size larger. Also, watch carefully for vague signs of discomfort in shoes bought under ideal weather conditions; hit an inclement day after that shoe purchase, and you might be in for trouble. Two things happen when the weather gets damp—feet swell and shoe leather shrinks. Pre-storm humidity can make a weather prophet out of anyone in snug shoes that were bought when it was cold and dry.

What points should you look for in getting a proper fit? Authorities agree that a shoe should be roomy enough at the tip so that, while standing, you can at least wiggle your big toe. Behind the base of the big toe, the shoe should be snug enough to grip your instep and your heel. When you stand up in your new shoes, if you can't wiggle your big toe, try the next length or width; if your heel slips, try a narrower width. Shoes made of leather uppers and soles are definitely best for your feet. Not only will they keep their shape, but they will keep the temperature of your feet at a healthful level.

There is no one ideal heel height for everyone, so let comfort be your guide. For walking, or when you're on your feet a good deal, no heels at all are as tiring as high heels. The recommended shoe is a laced oxford type with a Cuban heel. Incidentally, women long accustomed to extremely high heels cannot suddenly shift into low ones; because the back muscles of the legs and thighs have shortened, they will protest violently if you stretch them too much.

Experience has shown that two pairs of shoes worn alternately will last three times as long as one pair worn constantly. If you can manage to change shoes once or twice daily, this practice will permit shoes to dry thoroughly, as well as give your feet a fresh start. Another pointer: don't underestimate the importance of stockings in foot health. Be sure you have the proper size stocking (half-inch longer than the longest toe) to avoid cramping the feet.

Untreated foot ailments can be torture, but depending on how long you've been suffering, you can cure, control or relieve your aching feet.

One of the most common foot

troubles are corns, hard, cone-shaped growths of skin, whose points press sharply on sensitive inner skin. Hard corns grow on top of the toes and soft corns grow between the toes. All corns are Nature's armor against pressure or irritation in one spot and are commonly caused by poorly fitting shoes, wrinkled shoe linings, bad foot posture or deformed toes. Bathroom surgery won't get rid of corns, and a corn plaster gives only temporary relief. The best thing to do is pay a visit to the podiatrist who will remove the entire corn and tell you how to prevent its coming back.

Callouses—layers of hardened skin caused by the same sort of pressure that creates a corn—usually form under the metatarsal arch, on the ball of the foot, or on the heel, and give rise to burning pain. A weak foot or poorly aligned metatarsal arch may contribute to their formation, and they're hard to get rid of because years of improper walking have produced them. Their treatment, similar to that for corns, should be given by the podiatrist.

Bunions also are caused by years of wearing improperly fitted shoes, and occur frequently in persons who are overweight or who are constantly on their feet. Under such conditions the arch gives way, changing the position of the toes, and as a result, the toe joint becomes inflamed, then calloused. An able podiatrist can employ the traction method as a cure.

Another foot hazard—ingrowing toenails—comes from wearing pointed or too-short shoes, or cutting the corner of your toenail too short. To treat an ingrowing toenail that is still in the early stages, lift the corner of the nail and insert a tiny piece of cotton to prevent it from growing into the flesh.

One of the basic remedies for ailing feet is good footwork and correct posture. As a starter, you can cultivate stronger feet by walking correctly with the weight equally distributed along the outside edges and across the balls of the feet. Keep feet parallel and give a little push-off from the balls of the feet as you step. Then, try this double-duty foot and posture corrective: Stand with back next to wall, feet parallel, about six inches apart. Separate knees and bend them slightly. Stretch toes as far as possible and grip the floor. Pull in the end of the spine and then push waistline back as close to the wall as you can. Executed on a daily basis, this should put you in good posture form before long—and with good effect on your feet too.

The following exercises are designed for stronger arches.

▶ Stand with feet parallel. Curl toes under, walk on outer borders of feet several steps. Relax for a moment. Repeat five times.

▶ Stand with head high, chin level, shoulders relaxed, abdomen flat, feet parallel and slightly apart. Rise on toes to full height, stretching instep, ankles and knees. Sink to heels. Repeat five times and relax.

▶ Standing as above, rise on toes, lower left heel, shift weight to left hip as right knee bends. On toes again, reverse to right. Alternate slowly five times, adopting a steady,

even rhumba rhythm as you move.

▶ Press soles of feet together, pushing outer toes as far in as possible. This stretches the muscles on the outside of the feet and ankles and contracts the muscles on the inside of the longitudinal arches.

▶ Stand on one foot, toes straight ahead. Curl other foot behind ankle. Now, balance for one minute. Repeat on other foot.

▶ Walking barefoot at home is also a good exercise, if you concentrate on walking correctly on the outside of the feet.

If you stand a great deal at your work it's comforting to take the weight off your feet at the end of the day by lying down with your feet higher than your head—in the "beauty-angle" position. And for comfort, good health and good looks there's nothing like a weekly pedicure.

First step in the pedicure is to treat tired feet to an alternate hot and cold bath, gently rubbing heels and soles with pumice stone to remove rough spots and dead skin. Push back cuticle as you towel-dry, being especially careful to dry between toes. Be sure to cut toenails straight across to discourage them from growing into the flesh at the sides. Next, add a soothing foot massage with cream or lotion. Knead and stroke the feet with firm, upward motions, then make a fist with your hand and knead the soles of feet with knuckles. Ankles should be rotated to relieve tension. Remove cream and splash feet with refrigerator-chilled skin freshener, [*Continued on page* 66]

Probie



"I don't need any planned exercise."



Reviewing the News

▶ FILM RIGHTS to the biography, *Florence Nightingale, 1820-1910* by Cecil Woodham-Smith (see "R.N. Speaks," **R.N.**, May) have been acquired by the popular stage star, Katharine Cornell. Miss Cornell, who thus far has resisted the lure of the cinema, has reportedly been holding out for a role which particularly suits her. Evidently Florence Nightingale is *the* role.

▶ CAPITOL COPY: Although Congress has been in session five months, no major health legislation has yet been enacted . . . Financially and legislatively speaking, FSA Administrator Oscar Ewing is having his wings clipped. Before the Federal Security Agency appropriations bill was passed by the House, an amendment was adopted precluding any "expenditure for publicity or propaganda purposes not heretofore authorized by the Congress." The House also cut $229,000 from the appropriation for the Office of the FSA Administrator . . . According to the *Washington Report on the Medical Sciences*, the American Legion has launched a campaign in support of government aid for medical, dental, nursing and allied education, thus creating a rift between two strong lobbying factions—the veterans and the medical group . . . A severe shortage of men nurses has led Maj. Gen. Lewis B. Hershey to suggest that local draft boards consider deferment of men student nurses.

▶ BEACH SURGERY, performed during the American landing at Inchon in Korea last September, markedly decreased the death toll of badly wounded troops, the Navy recently announced. Under the new system, teams of Navy surgeons and corpsmen accompany the first wave of assault troops in OR-equipped landing ships, permitting them to care for the wounded when their chances of survival are greatest.

▶ THE NINTH annual meeting of the American Association of Industrial Nurses, attended by 446 nurses from 34 states, Canada and South America, was held in Atlantic City, N.J., April 21-29, in conjunction with the meetings of the industrial physicians, hygienists and dentists. Newly elected AAIN officers are: president, Thelma Durham, Continental Can Co., Memphis, Tenn.; 1st vice president, Ethel Burgeson, Sears Roebuck Co., Chicago, Ill.; 2nd vice president, Elizabeth Lafferty, Socony Vacuum Oil Co., Paulsboro, N.J.; 3rd vice president, Helen Dixon, Delco Ap-

pliance Division, General Motors Corp., Rochester, N.Y.; financial secretary, Sara Wagner, Standard Oil Co. (N.J.), New York, N.Y.; and recording secretary, Jane E. Martin, Esso Standard Oil Co., Baton Rouge, La. Margaret W. Lucal of the Ohio Rubber Co., Willoughby, Ohio, was re-elected treasurer.

▶ CIVIL DEFENSE: If an atomic bomb fell on an average American city, about 90 per cent of the doctors and nurses would be counted as casualties. This prediction, made by Col. Victor A. Byrnes at the annual conference of the National Society for the Prevention of Blindness, was based on the bombing experience of Hiroshima where 90 per cent of the approximately 250 doctors and 1,654 of the 1,780 nurses (89 per cent) were killed or injured . . . Public apathy and drastic reduction of federal appropriations for civil defense needs have brought the nation's civil defense program to a standstill, according to a *New York Times* article by Paul P. Kennedy. The original budget of $403 million has been slashed to $186,550,000 by the House, making it virtually impossible to furnish services such as fire fighting, transportation, etc. to the states and cities. One item in the budget providing for medical stockpiling was eliminated entirely by House action, thus discouraging further expansion of medical and surgical supply companies. As matters stand now, Mr. Kennedy thinks there is little possibility of state civil defense legislation being completed since such legislation depends on federal matching funds which are non-existent . . . A Civil Defense Administration pamphlet entitled "What You Should Know About Biological Warfare," may be obtained for 10 cents from the Government Printing Office, Washington 25, D.C. . . . The U.S. and Canada have established a civil defense mutual aid agreement . . . A Religious Advisory Committee, including leaders of major faiths, has been established by the Federal Civil Defense Administration . . . The first official Civil Defense Administration motion picture, "Survival Under Atomic Attack," was released in March. Information paralleling the subject matter of each of the eight pictures in the series will be available in small pamphlets; the films will be sold and rented through local dealers.

▶ ARC HIGHLIGHTS: Chief problem facing the nursing services session of the American National Red Cross convention to be held in New York City, June 25-27, will be the broadening of instruction programs to meet civil defense needs . . . In order to prepare a greater number of instructors in the ARC course, Home Care of the Sick, 12 training centers will be set up this summer for teachers, teacher-trainees, group leaders or nurses planning to teach home nursing. Cost of each 30-hour, five-day session, listed below, will range from $40 to $45, including board, lodging, texts and materials.

Eastern Area: Cazenovia Junior College, Cazenovia, N.Y., July 16-

20, July 23-27; Wellesley College, Wellesley, Mass., July 2-6; Indiana University, Bloomington, Ind., July 30-Aug. 3, Aug. 6-10; Purdue University, Lafayette, Ind., July 9-13.

Southeastern Area: University of Mississippi, Oxford, Miss., July 16-20, July 23-27; Georgia State College, Milledgeville, Ga., July 23-27, July 30-Aug. 3, Aug. 6-10.

Pacific Area: Whitworth College, Spokane, Wash., June 4-8, June 11-15, June 18-22; Mills College, Oakland, Calif., June 11-15, June 18-22, June 25-29.

Midwestern Area: Oklahoma Agricultural and Mechanical College, Division of Home Economics, Stillwater, Okla., June 4-8, June 11-15, June 18-22; University of Kansas, Extension Department, Lawrence, Kan., June 25-29, July 2-6, July 9-13; Denton College for Women, Denton, Tex., June 11-15, June 18-22, June 25-29; Michigan State College, Lansing, Mich., July 16-20, July 23-27, July 30-Aug. 3.

► A DELUGE of requests for information on Michigan's Future Nurses Clubs, as well as for copies of the leaflet issued by the Michigan Nursing Center Association (**R.N.**, Feb.) has moved the Association to ask that each request for the leaflet be accompanied by a three-cent stamp. The new address of the Association is 470 Hollister Building, Lansing 8, Mich.

► ABOUT PEOPLE: *Bessie A. R. Parker* has been named professor emeritus of nursing by Cornell University—New York Hospital School of Nursing. Miss Parker who has been active in nursing education for 33 years will retire June 30 from her positions as professor of nursing, associate dean of the University School of Nursing and associate director of nursing service at New York Hospital . . . *Lt. Col. Katherine E. Baltz*, ANC, was married to Col. Paul Hayes, MC, USA, April 21, 1951, at the Army Medical Center, Washington, D.C.

► A "VACATION" rather than a "strike" was the term used to describe a recent threat of the private duty nurses in Manhattan, the Bronx and Staten Island to refuse new cases after April 15, 1951, unless a $2-a-day wage boost was accepted by hospital administrators. Although the New York State Nurses Association does not employ collective bargaining tactics, the nurses were thoroughly supported in their demand by the Personnel Practices Committee of District 13. In fact, the District reportedly forced the issue because of the hospitals' delay in acceding to the District-approved fee of $12-a-day plus meals. Even though private duty nurses are independent, professional workers, many New York hospitals have regulations limiting what such nurses may charge their private patients.

Although wide newspaper publicity was given to the threat of work stoppage, or rather the refusal to take on new cases, the April deadline came and went with no hospital admitting that it was seriously affected by a shortage [*Continued on page* 70]



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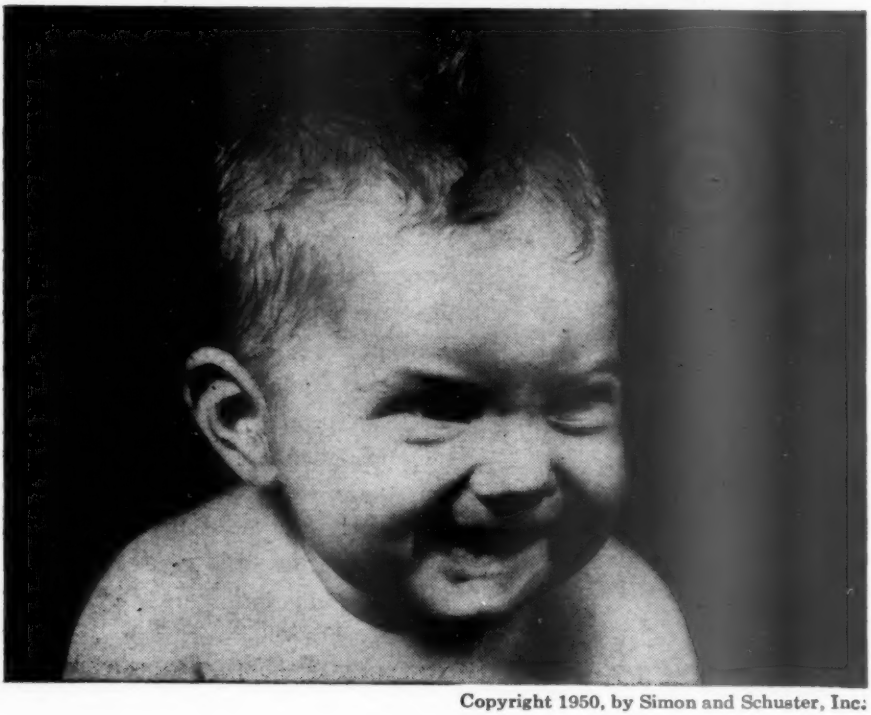
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The Baby Beat

[*Continued from page* 34]

to make sure that it would be suitable for home delivery and prepared a list of things she would need for the confinement. Since her husband had been in the army she was entitled to a free layette supplied by the Red Cross.

During the latter period of her pregnancy she came to the clinic at increasingly frequent intervals to receive the necessary tests. In the last month I visited her at home to see that everything was in readiness and that she had arranged for her mother to look after her while she was confined to bed.

On the day Katie was due, I left the house at 8 A.M. after pinning to the door a list of the places I would be that day and the approximate time I would be at each place. As soon as Prudence, my Cairn puppy, saw me strapping my ten-pound nursing bag to my bicycle she scampered out excitedly and tried to jump into the wire basket on the handlebars. I helped her up and started away.

My first port of call was Katie Galbraith who seemed to be perfectly comfortable, so I went on to give a bed bath to arthritic Mr. Abrahams. Mrs. Abrahams had a cup of tea beside the bed to "warm you up for the road, dearie." I then hurried on to give an insulin injection to a young artist on Westmoreland Street, and from there dashed across town to visit another diabetic who had only recently tried to hang himself. He insisted that I drink another steamy cup of tea. Next came two new babies to bathe and help feed—and two more cups of tea. As I was leaving this last house I bumped into a breathless John Galbraith, clutching in his hand the itinerary that I had left on the door. Katie had started labor.

I told him to fetch the portable gas machine from my house and bicycled to the Galbraiths where I found Katie with the wonder of new life in her eyes. I told her what to do and saw that she knew how to use the gas and air apparatus, a machine especially designed so that the patient can administer nitrous oxide and air herself without producing anesthesia.* After determining that everything was under control I departed for another round of visits.

It was late afternoon by the time I got around to see Mr. and Mrs. Knott, my elderly pensioners, who had waited all day with their bath towels ready and hot water on the stove. But they were understanding. "Dearie, I know how you've been on the go today. How is poor dear Mrs. Galbraith?" They gave me a tray of supper and more tea. I hated to take it for they have so little but they would have been hurt if I hadn't.

I stepped out of my bath at midnight and fell into bed dog-weary. But as I pulled the covers up the telephone rang. It was John. The

*In 1949 the *Lancet* stated that the gas and air apparatus was too heavy to carry on a bicycle. *Lancet* was so right. Nevertheless, we *did*.—The Author

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baby was on the way. I dressed quickly and hurried out on the dark and deserted streets. After the delivery I stayed with Katie for an hour to be sure there was no postpartum hemorrhage or shock. I gave her one dram of liquid extract of ergot and promised to see her first thing in the morning. It was a little after 4 A.M. when I finally returned to bed.

During the next 14 days I kept close tabs on Katie. After that she brought the baby to the free infant welfare clinic once a week where she was advised by a public health doctor, health visitor, Peg or me. I had already filled out the necessary forms for birth registration, forms for extra ration books and recorded the case in detail including length of each stage of labor, description of the delivery, whether stitches had been required, the amount of hemorrhage, the drugs used and any rise in temperature during the postpartum period. Such records are important as a guide in further pregnancies and a check on the efficiency of the midwife. A series of temperature rises would bring an immediate investigation by a supervisor.

Midwifery standards are scrupulously maintained both in hospital and home deliveries. The large percentage of women (45 per cent) in Great Britain who are delivered at home seem to thrive as well as their sisters who have chosen a hospital delivery. In fact there may even be advantages. Margaret Brooksbank, matron of the Lordswood Maternity Hospital in Birmingham, England, states that in a home delivery, "The baby is accepted at once; the mother is not separated from her family and husband at a most crucial time; the father shares the experience to a greater extent and later remembers with pride his wife's fine behaviour during her labor."* And, of course, there are always available the services of a highly trained midwife or doctor, which all adds up to better care for the mothers and babies of Great Britain.

*Public Health Nursing, op. cit., p. 651.

JAPANESE MIDWIVES

Hospital births are still relatively rare in Japan, according to Kikue Shimizu, Acting Chief of the Public Health Nursing Section in the Institute of Public Health in Tokyo. Speaking at the International and Fourth American Congress on Obstetrics and Gynecology which was held in New York, Miss Shimizu said that approximately 90 per cent of all Japanese babies are born at home, in contrast to the U.S. where only 15 per cent are home births. Although in the U.S. 95 per cent of the births are attended by physicians, in Japan 96 per cent of the babies are delivered by midwives. She also stated that "in the past two or three years, prenatal care has been emphasized in teaching programs for midwives and nurses, and American methods of care for mother and baby have been more widely adopted. The new venereal disease prevention law requires a blood test for syphilis of every expectant mother."



Young Mrs. Dee *is expecting, you see,*

And her doctor will probably riot,

For a name for the child is driving her wild—

Far more than the thought of her diet

WHEN the OB patient loses sight of her diet and over-indulges in non-essential foods, there's a good chance that mineral-vitamin intake won't satisfy the stepped-up requirements of pregnancy and lactation. A good way to counter-balance this: three to six DICALDIMIN capsules daily as a dietary supplement. Only three of these will furnish:

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Constipation

[*Continued from page* 39]

solutions are sometimes employed in cases of edema where it is necessary to siphon fluid from waterlogged tissues.

Cascara, senna, aloe, rhubarb and other drugs which belong to the anthracene or emodin cathartic group produce chemical substances in the intestines which stimulate peristalsis. But since they act chiefly on the colon, about 6 to 24 hours may elapse before evacuation takes place. Another laxative, which chiefly affects the colon, and which appears in many proprietary preparations, is the synthetic compound, phenolphthalein. This drug has the property of coloring alkaline urine pink, and has been known to cause a macular body rash in sensitive individuals.

The old faithful among the chemical irritant cathartics is, of course, castor oil, which produces a rapid and complete evacuation through the formation of irritant products in the intestines. Because of its congestive effect on the pelvic organs, it is generally prohibited during pregnancy and menstruation. One of its chief disadvantages, however, is the nauseating taste, which nurses have tried to mask for years with soda bicarbonate, cardamon tincture, orange juice, peppermint and many other substances. One safeguard against rancidity is to wipe the lip of the bottle after pouring to prevent the old oil from tainting the dose for the next patient.

The more irritating drastic cathartics—colocynth, podophyllum resin and croton oil—cause griping, and occasionally vomiting, and have generally disappeared from the modern medicine cabinet. The mercurial drugs, including calomel, have also met the same fate.

The drugs described in *Drug Digest*, p. 40, are not intended to be representative of the vast number of cathartics and laxatives available today, for that would be an impossible task. Cascara sagrada, methylcellulose, Metamucil and magnesium citrate are merely four of the drugs commonly employed in the current treatment of constipation.

There are certain clear-cut contraindications to the use of cathartics which should be memorized by nurses and laymen alike.

- Never give cathartics to patients with undiagnosed acute abdominal conditions.
- Never give cathartics in cases of severe ulceration or inflammation of the gastro-intestinal tract.
- Never give cathartics in intestinal obstruction.
- Avoid giving irritating cathartics in pregnancy.
- Never leave cathartics within the reach of children.

It cannot be repeated too often that the most worthwhile treatment of constipation in otherwise healthy persons is the adoption of habits of mental and physical hygiene. Instead of reliance on laxatives, the constipation sufferer must follow a diet which is specifically designed to counteract constipation. Diets for patients with atonic constipation con-

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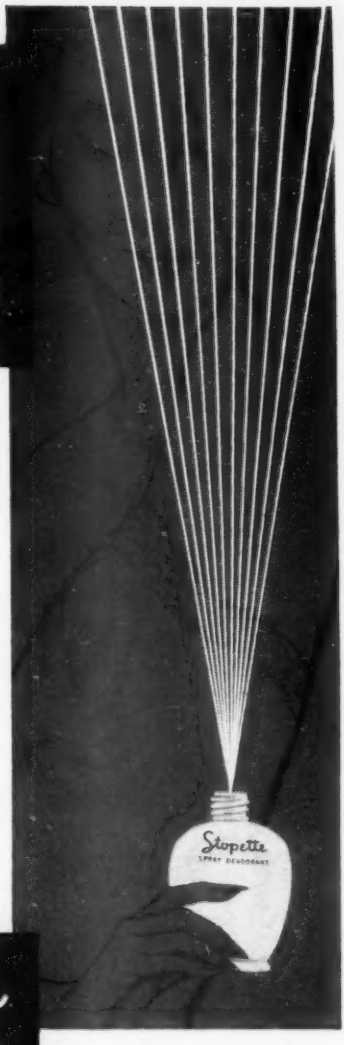
(Offer limited to Nursing Profession)

tain so-called "smoothage" foods high in cellulose, vitamins or minerals, such as figs, prunes, other fruits, salads, vegetables, dark bread, whole wheat cereal, and wheat germ, or yeast preparations. Bran may be added in stubborn cases, but this "roughage" may prove too irritating to the intestinal mucosa. In diets for spastic constipation, emphasis should be placed on the softer forms of cellulose. In both types, adequate exercise, sufficient fluids and vitamin intake, especially of vitamin B, should be encouraged. And above all, those who are seeking a new intestinal lease on life should seek to establish a regular rhythm of elimination.

Although constipation appears to afflict a large part of the population, undoubtedly many of the chronic sufferers could be cured by attention to hygienic habits alone, and a large percentage of the others could be helped through medical and surgical treatment of the underlying causes. Nurses should be responsible for carrying these enlightening facts to an overly bowel-conscious public.

In 1850 Hermann von Helmholtz, a German physiologist and physicist, invented the ophthalmoscope, thus making possible a tremendous advance in the diagnosis and treatment of disorders of the eye. Today the ophthalmoscope, with which one can glimpse the interior of the eye, is one of the most important instruments at the command of the eye specialist and general practitioner.

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Scout Jamboree

[*Continued from page* 43]

orthopedic conditions. In addition to this preliminary screening, all Scouts upon arrival were given a second examination by a team of five doctors, each taking a section of the anatomy and completing their examination in two minutes. Effectiveness of the screening was indicated when only two diabetics and four epileptics were discovered among the group.

The chief worry of Dr. William J. McAnally, USPHS Surgeon General, chief medical officer of the Jamboree, was the threat of poison ivy—a special problem, since many of the boys came from the area west of the Mississippi where the poison ivy plant is rare or unknown. On an inspection of the grounds several weeks before the boys were due to arrive, Dr. McAnally found the vine growing profusely. The help of the Department of Agriculture was therefore enlisted, and by spraying and mowing, the danger was greatly reduced. Despite this precaution, however, 15,000 boys were given minor attention for ivy poisoning, splinters, foreign bodies in the eyes and similar difficulties.

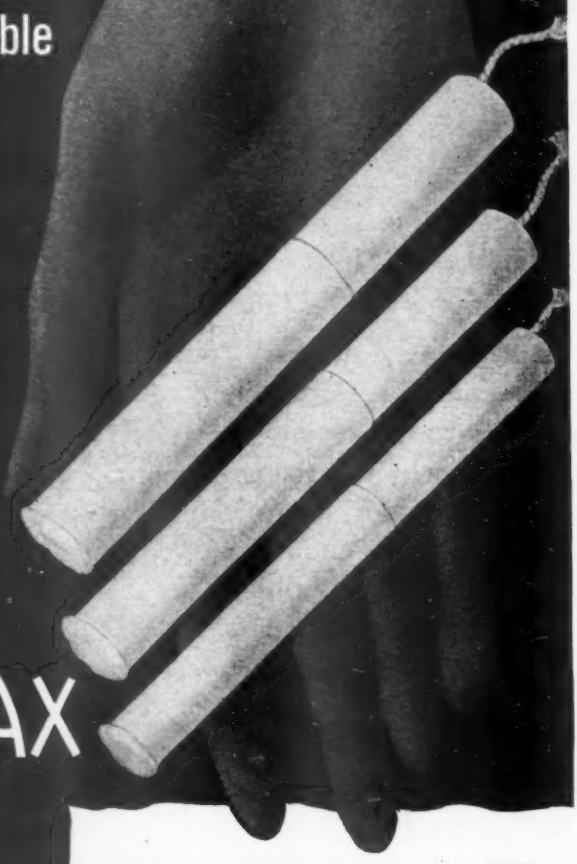
One lesson learned by medical officers during the 1937 Jamboree was remembered in 1950. During the first encampment, 20 quarts of castor oil and a quantity of epsom salts were stocked by the doctors. At the end of the gathering, none had been touched—the Scouts preferred milk of magnesia tablets. Accordingly, no castor

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oil was purchased for this Jamboree.

Possibly one of the greatest health accomplishments of all, when the nature of boys is recalled, is that there were no injuries incurred in fights. Doctors and their first aid assistants agreed that they had never known such a well-behaved group. "To appreciate the behavior of the Scouts at the Jamboree," one doctor commented wryly, "just imagine what would have happened if 47,000 of their fathers had gathered for a one-week convention. Do you think they could have held such a convention without one fight or one case of drunkenness?"

Industrial nurses are assets to industry. "The value of the industrial health program in cash, good will and in aiding production has been proved beyond any doubt," Mrs. Gladys L. Dundore, executive secretary of the American Association of Industrial Nurses, stated in a recent speech made during the eleventh annual Congress on Industrial Health in Atlanta, Ga. Mrs. Dundore also said that small plants are realizing the importance of an industrial health program, and emphasized that such a program, to be successful, must have a definite place in the company's organization. The need of industrial health service was so widely recognized in World War II that "employment in industry increased from 1,000 industrial physicians and 3,000 nurses at the beginning of the war to from 8,000 to 10,000 physicians and 12,000 nurses at the end."

From cow



to can



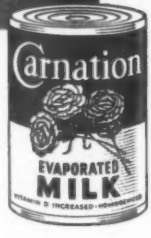
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Your Community Resources

[*Continued from page* 31]

the recipient is not treated like a charity case but rather as one who has the ability to help himself. One of the TA representatives says, "It is easy to take over for people who seem so helpless . . . but we try to help people take responsibility for their next steps, even when it slows things up a little for everybody else."

This is in essence the philosophy which nurses are guided by in the nursing of patients back to health. And when it comes right down to it, there are many points of similarity between nursing and the work of a social service agency such as the Travelers Aid. Both are dedicated to helping the individual achieve a healthier and more self-sufficient life and each may depend upon the other to make this achievement possible.

Pre-Nightingale Nursing

Nursing history is now repeating itself in an experiment in New Jersey in which women prisoners are trained and used as ward attendants in a hospital for the mentally ill. So far it has been found successful in relieving both the shortage of ward attendants and prison overcrowding. Selected carefully as to maturity, women prisoners seem to have a deep bond of sympathy for the patients and some are even staying on at the hospital after the end of their prison terms to continue their work in the prison hospital wards.



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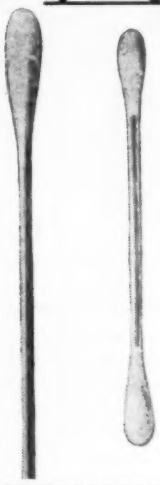
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"I wish to forward my compliments to Q-Tips We use them constantly for our baby, and I always keep a professional supply in the office"

The professional three-inch and six-inch, single-tipped hospital swabs conform to Federal Specifications GG-A-616 Sterilized three-inch, double-tipped Q-Tips® swabs are made for home use.



Q-TIPS

Q-Tips Inc., Long Island City, N.Y.

MORE Q-TIPS HAVE BEEN USED BY DOCTORS *than any other prepared swabs.*

Fair Deal for Feet

[*Continued from page* 47]

fragrant cologne or astringent. And as a final step, sprinkle deodorant foot powder or talc between toes and in your shoes to keep your feet dry, fresh and comfortable. If you wear polish on your toenails, the pedicure provides an opportunity for removing old lacquer or adding another coat of polish for higher gloss and longer wear. Use pads of cotton between toes to prevent polish from smearing, and add a clear topcoat for brilliance and durability.

Pamper your feet—and you'll discover your whole body will respond with vibrant new energy!

SPEAKING OF SPEAKERS

One victim of a long and tedious meeting agenda, Dr. Robert A. Millikan, noted scientist and Nobel Prize winner, was made to cool his heels more than three hours before giving the "principal speech" of the evening at a Chamber of Commerce meeting. When the moment finally arrived, however, Dr. Millikan rose to the occasion firmly and succinctly, addressing his audience thus: "At this hour I fear the mind is too weary to listen to the speech I have prepared. I had intended to discuss one of the chapters in my new book, *The Road to Peace*. Any of you who are interested may read the book." Whereupon he sat down.

BEEDEE . . . by B-D



"WHICH ONE OF YOU IS ETHEL CHLORIDE?"

© B-D

A pardonable error, Beedee, because medical and layman terminology often conflict

Take the word "Busher", for example To the sports fan it would mean a bush-league baseball player, but a nurse, a physician, or a pharmacist immediately thinks of the Busher Automatic Injector

Insulin users, and others who must give hypodermic injections to themselves, appreciate this interesting little instrument because it makes possible automatic, almost painless, insertion of a hypodermic needle at the proper depth and angle. The Busher Automatic Injector is available at any pharmacy which stocks B-D diabetic supplies.

Our thanks and a gift of B-D products to Mrs. Dorothy L. Jenkins, R.N., of Ogden, Utah, who submitted the idea for this month's cartoon

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at Common-Sense Cost

●Made to the highest ethical standards, Pazo Suppositories are daily bringing fast, comforting relief to thousands. FORMULA: Bismuth Subgallate and Zinc Oxide—astringents with locally protective and soothing action. Camphorated-Phenol (N. F.)—to relieve pain. Resorcin and Benzocaine—to relieve itching. Plus Boric Acid in a Cocoa Butter base. For sale in drugstores everywhere.

FREE

For professional sample write The Grove Laboratories, 2650 Pine Street, St. Louis 3, Missouri.



"THERE'S GOLD IN THESE" NURSE INSTRUCTORSHIPS!

PSYCHIATRIC INSTRUCTOR: large new hospital for modern treatment of mental patients, prosperous community, beautiful Chester County; $3400; maintenance if desired. **NURSING ARTS:** 200-bed approved New York hospital; to $3600. **SCIENCE:** large fully approved Illinois hospital, liberal personnel policies, $3600 maintenance. **CLINICAL:** collegiate school affiliated with fully approved, well equipped small hospital; beautiful West Virginia town; $275 minimum.



Ann Woodward — *Director*

OUR 55th YEAR
WOODWARD · ·
Medical Personnel Bureau
FORMERLY AZNOE'S
• 9th FLOOR • 185 N. WABASH • CHICAGO 1 •

R. N. Speaks

[*Continued from page* 27]

ence is only half hearing. A sleepy audience is bored stiff by a monotone. An irritated one is half mad over the pause that does not refresh, when a speaker, using notes, hunts for ideas, viz: "The committee, aw, voted, aw, to meet again AW."

Wishful thinking, perhaps, but oh, to turn back the clock to the days of the graceful conclusion and the benign chairman. The chances are that in these times of planned programs most invited speakers have their time assigned them. A commendable practice, and courteous is the speaker who refrains from exceeding her time. But not commendable is the current practice. How many speakers have we heard drop their subject like a "hot potato" when they catch the glowering eye of the threatening chairman? The skillful speaker doesn't permit this curb to ruin her closing remarks. The audience should be prepared for the conclusion by the logical presentation of facts—not left with the frustrated feeling that the speaker has been jerked away from the "mike." On the other hand, some speakers ——oh, well . . . . . .

—Alice R. Clarke, R.N., Editor

The general type of thermometer we use today in which a liquid is hermetically sealed in a glass bulb with a narrow tube attached was invented by Galileo, the astronomer, about 1612. The liquid he used was colored alcohol.

BELIEVE IN YOURSELF!

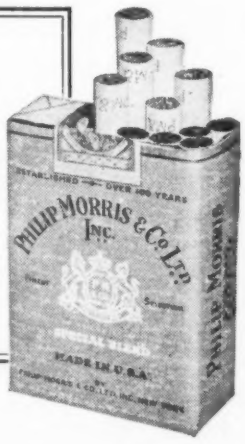
You probably have read a great deal of cigarette advertising with all sorts of claims.

So we suggest: make this simple test . . .

Take a PHILIP MORRIS—and *any* other cigarette. Then,

1. Light up either one. Take a puff — don't inhale — and s-l-o-w-l-y let the smoke come through your nose.

2. Now do exactly the same thing with the other cigarette.



Notice that PHILIP MORRIS is definitely less irritating, definitely milder.

Then, BELIEVE IN YOURSELF!

PHILIP MORRIS

Philip Morris & Co. Ltd., Inc.
100 Park Avenue, New York 17, N. Y.

[*Continued from page* 50]

of private duty nurses for patients. However, since that date it has been reported that several hospitals have agreed to the new increase, the first requested in that area since 1946.

▶ DIAGNOSIS BY TV using a new combination television camera and x-ray machine which amplifies images up to 3,000 times brighter than a fluoroscope was tested recently on "The Johns Hopkins Science Review" over a five-city network. Participation by doctors in three cities demonstrated the possibility of consultation among doctors who are thousands of miles apart thus offering to more patients the advantage of diagnosis by specialists.

▶ SUMMER COURSES: Short courses on "Maternity Nursing" and "Inter-personal Relationships in Nursing" will be offered by the University of California Extension, in cooperation with the UCLA School of Nursing, from July 9 to August 10. Nurses interested in the maternity nursing course should write: Myrtle Findley, University Extension, University of California, 10851 Le Conte, Los Angeles 24, Calif. Information on the second course can be obtained from the School of Nursing, University of California, 405 Hilgard Ave., Los Angeles 24, Calif. . . . Applications are being accepted by St. Elizabeth's Hospital, Washington, D.C. for a one-year postgraduate course in psychiatric nursing, to begin July 1 . . . Wayne University, in cooperation with the W. K. Kellogg Foundation, is offering a summer workshop for directors and instructors in schools of practical nursing and for graduate nurses who expect to enter the field of practical nursing. Letters of application should include full details concerning previous education and experience and reasons for wishing to attend workshop. Letters should be addressed to Dean, College of Nursing, Wayne University, 5257 Cass Ave., Detroit 2, Mich.

▶ NEWSLINGS: In an effort to ease Minnesota's nursing shortage, the Minnesota house of representatives passed a bill providing scholarships for 230 students each year . . . A recent news story, purportedly based on an interview with the White Swan Uniform Co., which was responsible for many letters to R.N.'s editor, is indignantly denied by the company, which states that the entire interview appeared in a garbled and inaccurate form. Last February, White Swan received a Gold Medal Fashion Award for making nurses' uniforms more attractive.

▶ A DISASTER SUPPLY of 25 million paper cups and containers will be set aside in strategically located warehouses for use in a civilian emergency, it has been announced by the Paper Cup and Container Institute, Inc. According to the Institute's president, Dale H. Eckerman, the plan will insure at least a few days' emergency supply and prevent wasteful stock-piling attempts.



8,000 CLINICAL TESTS

PROVE

EASIER-TO-APPLY

A-200

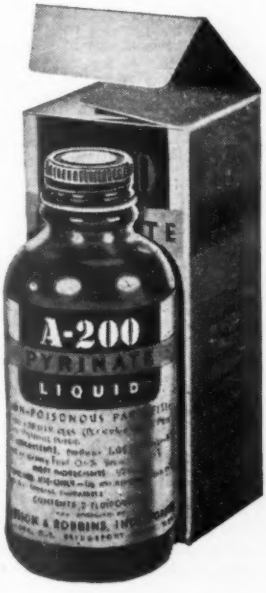
LIQUID PYRINATE

KILLS HEAD, CRAB, BODY LICE, AND THEIR EGGS...ON CONTACT

8,000 CLINICAL TESTS in the District of Columbia jail prove A-200 Pyrinate highly effective in killing both parasites and their eggs . . . on contact!

A-200 Pyrinate Liquid is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous, non-irritating, no tell-tale odor . . . one application is usually sufficient.

The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. A-200 Pyrinate Liquid has won quick and general acceptance by the profession wherever it has been introduced.



A Product of McKesson & Robbins, Inc.
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Keep your sweetness longer with the New finer MUM!



A fresh clean uniform is a symbol to your patients. It stands for cleanliness, for personal freshness, too. Yes, fastidiousness is important to you. Now you can keep that fresh clean feeling *longer* with the new finer **MUM**.

This new **MUM** contains a wonder-working ingredient M-3 which protects against the bacteria which *cause* underarm odor. It not only stops the growth of these bacteria, it keeps down their future growth, too. **MUM** doesn't merely *mask* odor—it interferes with its development.

You'll like the soft creamy texture of this new **MUM** which makes it easy to put on. There is nothing harsh about **MUM**. Nothing to irritate the skin. Nor will it harm even the finest fabrics.

MUM's delicate floral scent will delight you—it's a special fragrance created for **MUM** alone.

Keep your sweetness all through the day with **MUM**—the creamy deodorant that *prevents* underarm odor.

Now contains amazing new ingredient M-3—that protects against odor-causing bacteria



Guaranteed by Good Housekeeping

MUM's protection GROWS and GROWS! Thanks to its new ingredient, M-3, **MUM** not only stops growth of odor-causing bacteria but keeps down *future* growth. You actually *build up* protection with regular, exclusive use of new **MUM**! *Now at your cosmetic counter!*

New **MUM** *cream deodorant*

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Positions Available

ADMINISTRATORS: (a) Small general hospital, college town, Wisconsin. (b) To serve as consultant to groups of small hospitals. Middle West. (c) To direct home for aged. $6000, maintenance. University city. RN6-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ADMINISTRATORS: (a) 100 bed, new, Philadelphia vicinity. Excellent salary. (b) Small, new, modern equipment. Deep South. (c) Small, very well equipped industrial hospital. Prefer a supervisor-anesthetist. Southwest. $400. (d) Small, new, fully approved. Beautiful western location. (e) Small, recently completed modern hospital. Midwest. $400. (f) Small, college-community operated, fully approved. Northwest. Good salary. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETIST, R.N.: Fully experienced for small general hospital. Excellent salary and maintenance. Write Mr. Herman R. Goldberg, Administrator, Northern Liberties Hospital, 7th and Brown Sts., Philadelphia 23, Pa.

ANESTHETISTS: (a) Fairly large hospital near university campus. Opportunity continuing studies. Department directed by medical anesthesiologist. Pacific Coast. (b) Small general hospital, eastern Pennsylvania. $400, maintenance. (c) New 200 bed hospital, university town, Rocky Mountain state. $4800-$5200. (d) To join staff of 20 man clinic. College town, South. Minimum $400. (e) Hospital operated by American company in Peru. RN6-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: (a) Small, fully approved, modern. Liberal personnel policies. East. $350 plus maintenance. (b) Large, approved general hospital. East. $360 plus maintenance. (c) Medium, approved, general. College town. Southeast. $350 plus maintenance. (d) Small, approved general. Excellent facilities. Southeast. $350 plus maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ANESTHETISTS: (a) Small, modern. Chicago vicinity. $350 plus maintenance. (b) Large, approved, general, modern facilities. Midwest. Excellent salary. (c) Small, modern, approved general hospital. Midwest. $400 plus maintenance. (d) Outstanding group of Medical Anesthetists. Northwest Pacific. Good salary. (e) Medium, overseas, Children's Hospital, beautiful country. Excellent salary. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ASSISTANT DIRECTOR OF NURSES: (a) Large approved tuberculosis hospital, New York State. $4700. (b) Medium, approved general. Attractive northwestern town. $4200. (c) Large, approved general hospital. New York college town. $325 plus maintenance. (d) Large mental hospital, fully approved. New York vicinity. $425. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

ASSOCIATE DIRECTOR: School of Nursing. 325 bed general hospital. Student body 140. Well-equipped hospital located in a fine residential section of an Ohio city, near Detroit. Masters Degree preferred. Experience necessary. Position available July 1, 1951. Write Box TH-1, c/o R.N. Magazine, Rutherford, N.J.

CANADIAN REGISTERED NURSES: Noncitizens of U.S.A. Positions now available. Apply Tulare County General Hospital, Tulare, Calif.

CHIEF DIETITIANS: (a) Large, approved, general hospital. Good salary. Nation's Capital. (b) Medium, approved general hospital, liberal personnel policies. Midwest. $325 up. (c) Large, modern approved, midwest college town. $350 plus maintnance. (d) New, large, modern. Southern State Capital. $4200. (e) Large, modern, well equipped general. 40 hour week. New York City Suburb. Woodward Medical Personnel Bureau, 185 N. Wabash, Chicago, Ill.

COLLEGE NURSES: (a) 8 hour day, full maintenance, New York City Vicinity. (b) 42 hour week, liberal personnel policies. Chicago vicinity. $300. (c) Exclusive eastern women's college. Full maintenance. (d) Noted boys' school, liberal personnel policies. Located in resort town. East. (e) Co-ed college, pleasant town. Southeast central. $2400 plus maintenance. (f) Boy's Academy, excellent salary plus maintenance. Norfolk vicinity. (g) Exclusive finishing school. Very attractive suburban community. East. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSES: (a) Large, approved, general. College town, Eastern State Capital. (b) Small, approved, modern general hospital. Albany location. $400 plus maintenance. (c) Medium, approved, general hospital. Large southern city. $400 plus maintenance. (d) Small, approved general. North-

[Turn the page]

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You will LOVE the extra smartness . . . the fine painstaking needlework in a Made-to-Measure uniform.
Each uniform hand-cut with shears and individually tailored for you in material you choose from a wide variety of finest cottons, rayon and nylons, styled as you want from our large selection of newest styles.
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Hayden's Viburnum Compound is an effective antispasmodic which has proven its merit over many years of usage. HVC is especially recommended for the relief of functional dysmenorrhea and intestinal cramps.

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east State Capital. Excellent salary plus maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTOR OF NURSES: (a) Medium, approved general, very modern. Well known college town. $4500 minimum. (b) Medium, approved air-conditioned general. Southeast. Good salary. (c) Small, modern approved general. Expansion program under way. South central. (d) Children's hospital, Pacific Island location. (e) Medium, modern approved general hospital. Midwest central. $6000. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

DIRECTORS OF NURSING: (a) New hospital, 330 beds. Unit university group. $6000. West. (b) Hospital for children. Interesting location outside United States. (c) New hospital currently under construction. Nursing service only, no school. Southwest. (d) Tuberculosis institution, school for affiliates. $5000. University center. (e) Voluntary hospital. Modern, well equipped. Nursing service only. Foreign appointment. (f) General hospital, moderate bed capacity. School of 80 students, near Chicago. (g) Assistant director of nursing service. Important hospital, New England. (h) Fairly large hospital. 100 students. University center, South. $6000. (i) Modern, well-equipped hospital operated by American company in Peru. Staffed by American doctors. RN6-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

EDUCATIONAL DIRECTOR: (a) Large approved teaching hospital. Ohio location. Good salary. (b) University school of nursing, excellent rating. South central. $4800. (c) Medium, approved general hospital. Middlewest. $350. (d) Medium, approved, modern general, famous southern resort town. $325 plus maintenance. (e) Large approved teaching hospital, California. (f) Medium approved general hospital, fine facilities. Chicago vicinity. $400. (g) Large, approved general hospital. Ohio location. $5500. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

FACULTY APPOINTMENTS: (a) Educational director. 225 bed hospital, excellent school. $4000. East. (b) Nursing arts and clinical instructors in medicine, surgery, obstetrics and operating room technique. General hospital, teaching affiliations. $2800-$4000. Pacific Northwest. (d) Science instructor. Fairly large hospital, resort area, Wisconsin. Minimum around $4000. (d) Educational director. Fairly large hospital, fully approved. Outside United States. $4200. RN-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSE: 19 bed hospital soon expanding to 50 beds. College town of 6000 in resort area. Salary open. Liberal personnel policies. Retirement plan. Choice of rotating shifts or straight 3-11 or 11-7. R. Houfek, Administrator, Ripon Municipal Hospital, Ripon, Wis.

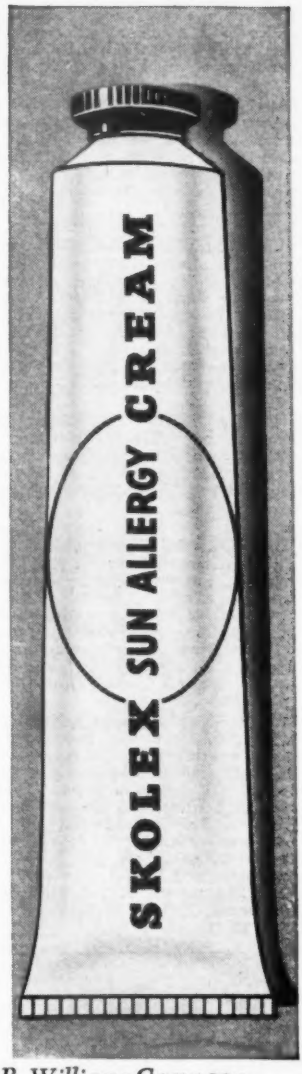
GENERAL DUTY NURSES: For Tuberculosis Hospital. Good personnel policies, excellent living conditions. Salary plus main-

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SKOLEX is recommended, therefore, for maximum protection against hypersensitivity or allergic response of the skin to these wave lengths.

Unique protection of SKOLEX against ultraviolet has now been verified by one year's testing by Doctors.

ACTIVE INGREDIENT: Propylene Glycol Para Amino Benzoate

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Samples are available for clinical use. Write J. B. Williams Company, Glastonbury, Conn., or use coupon below.

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Send me samples of Skolex for clinical use.

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tenance and bonus. Situated 10 minutes from downtown Paterson and 1 hour by bus to midtown New York. For further information write Directress of Nurses, Valley View Sanatorium, Paterson, N.J.

GENERAL DUTY NURSES: 100 bed Tuberculosis Sanatorium. $215 per month starting salary, 12 days annual vacation, 12 days annual sick leave, 6 paid holidays, plus automatic increases. Apply Business Manager, Mineral Springs Sanatorium, Cannon Falls, Minn.

GENERAL DUTY NURSES: On all services including operating room. 200 bed general hospital, fully approved. 44 hour week day duty, 40 hour week 3-11, 11-7 shifts with differential of $10 month 3-11 and $20 a month 11-7. Starting salary $200 a month. 7 holidays, vacation, sick-time allowance. Apply Director of Nurses, Franklin Square Hospital, Baltimore 23, Md.

GENERAL DUTY NURSES: Three. 27 bed hospital in Southern Nevada. Salary $250 with complete maintenance. Two weeks paid vacation. Attractive social advantages. Apply Supervisor, Lincoln County Hospital, Caliente, Nev.

GENERAL DUTY NURSES: Beginning salary $200, yearly increments. 115 bed general hospital, university city. 44 hour week. $10 bonus 3-11 or 11-7 shift. 12 days sick leave accumulative to 24. 2 weeks vacation annually, 9 holidays per year. Positions available in all services. Maintenance and room available in nice nurses' home. Apply Director of Nurses, Utah Valley Hospital, Provo, Utah.

GENERAL DUTY NURSES: For Stanford University Hospitals, San Francisco. Single rooms available in the Nurses' Residence at $15 per month. Beginning salary $240 per month. $10 increase after 2 years. 40 hour week. $10 additional for 3-11 and 11-7 shifts. Operating room and delivery room nurses with one year of previous experience or special preparation, $10 additional. Retiremnt plan and social security provided. Address Director of Nurses, Stanford University Hospitals, Clay & Webster Sts., San Francisco 15, Calif.

GENERAL DUTY NURSES: Two. 58 bed general hospital. 20 miles from Washington, D.C. Full maintenance, $155 per month. Modern and comfortable nurses' home. 12 days sick leave. Also Operating Room Assistant, $175. Address Administrator, Montgomery County General Hospital, Inc., Olney, Md.

GENERAL STAFF NURSES: Eligible for registration in Colorado. 200 bed general hospital. Salary $215, $10 additional for 3-11 and 11-7. 7 holidays, sick leave cumulative to 30 days, 2-3 weeks paid vacation. Apply Director of Nurses, Corwin Hospital, Pueblo, Colo.

GENERAL STAFF NURSES: Positions available on most services. 40 hour, 5 day week. Salary $242.50 per month for rotating day, evening and night duty. Additional $10 per month for permanent evening duty and $5 per month for permanent night duty. Salary raises, based upon merit, to a maximum of $275 per month. All university holidays with pay. 12 work days paid vacation yearly. Accumulative illness allowance 12 work days yearly. If desired, rooms provided for $20 per month. Hospital cafeteria meals at reasonable prices. Write Director of Nursing, University Hospital, Ann Arbor, Mich.

GRADUATE STAFF NURSES: General hospital for medical, surgical and obstetrical services. Also vacancies on operating room staff. Salary $210 per month, two weeks annual vacation and twelve days annual sick leave. Retirement benefits available if d - sird. Straight 8 hour day and 41 hour week. For information write Superintendent, Robinson Memorial Hospital, Ravenna, Ohio.

GRADUATE STAFF NURSES: All departments, 427 bed hospital, attractive Chicago suburb. Basic salary $205 for day duty, $215 for 3-11 duty and $220 for 11-7 duty, with salary increase of $5 at 6 and 12 months, $5 increase after 24th month. Blue Cross and Social Security. Meals and laundry furnished. Apply Director of Nurses, West Suburban Hospital, Oak Park, Ill.

INDUSTRIAL AND OFFICE NURSES: (a) Industrial. All types of industrial nursing.

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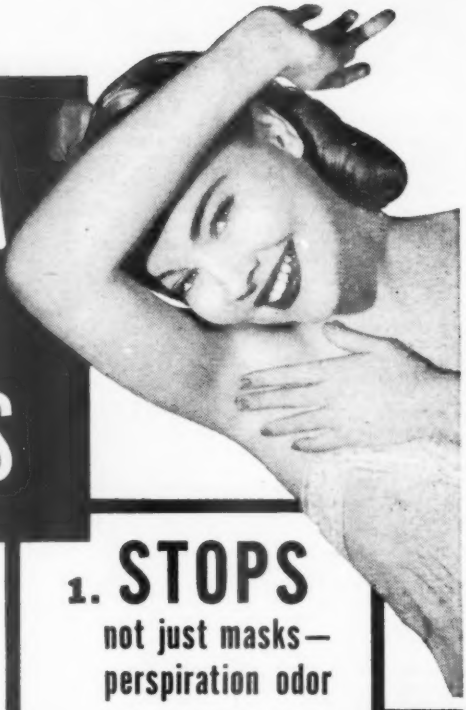




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underarm skin

Oh joy, oh bliss! YODORA is different... doubly divine, doubly effective, because it's made with a face cream base. Works two ways: **1**—really stops perspiration odor... **2**—keeps armpits fresh and lovely-looking as the skin of neck and shoulders. Safe for clothes, too. Today, try YODORA, recommend it to your patients with confidence! Product of McKesson & Robbins, Bridgeport, Conn.



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American Medical
Association

Large company, Chicago. (b) Office nurse by American Board Specialist. Florida. (c) Industrial. 600 employees. Town of 40,000. Midwest. (d) Office nurse by surgeon. Diplomate. California. RN6-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

INSTRUCTORS: (a) Clinical. Large general approved new hospital. Philadelphia vicinity. $3800. (b) Nursing Arts. Large approved teaching hospital, liberal personnel policies. Southeastern State Capitol. $4300. (c) Psychiatric. Large new mental hospital, vicinity Philadelphia. $3600. (d) Science. Medium approved general hospital, fine facilities. Northern Illinois. $300 plus maintenance. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

MALE NURSES: (a) Industrial. Small town, Midwest. (b) Surgical. Small hospital, South. RN6-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

MEDICAL RECORD LIBRARIAN: (a) Large, approved general teaching hospital. Middlewest. $4500. (b) Medium general teaching hospital. Eastern coastal state. $300. (c) Large, approved general hospital. Attractive southeast location. Good salary. (d) Medium approved general hospital. Excellent facilities. Central Ohio. $425. Woodward Medical Bureau, 185 N. Wabash, Chicago, Ill.

NURSE ANESTHETIST: Surgical and Obstetrical service. 500 bed hospital. Salary open. Methodist Hospital, 6th St. and 7th Ave., Brooklyn, N.Y.

NURSE ANESTHETIST: 172 bed general hospital. Salary $300 per month. Also interested in part-time Anesthetist. No night call. Evangelical Deaconess Hospital, 4229 Pearl Road, Cleveland, Ohio.

NURSE ANESTHETIST: 200 bed, completely modern hospital. Community of 28,000, one and one-half hours from beach resort. Salary open. Complete maintenance furnished. Contact Mark Stanton, Administrator, The McLeod Infirmary, Florence, S.C.

NURSE ANESTHETISTS: Modern well equipped 190 bed general hospital. Salary open. No split shifts. 40 hour week. Robert Johnson, M.D., Herrick Memorial Hospital, Berkeley, Calif.

NURSES: Operating Room and Staff Nurses. Salary $250, 5 day 40 hour week, straight time shifts. Half-time rate for "on call" time. $10 additional for evening duty. Paid vacation and sick leave. Nurses on Social Security. Pre-payment Blue Cross Hospitalization Plan optional. Apply French Hospital, 4131 Geary Blvd., San Francisco, Calif.

NURSES: The American Red Cross offers excellent employment opportuities in nursing field representative for nurses qualified in the field of public health or education. Qualifications: Bachelor's Degree in Public Health Nursing, Nursing Education or Health Education with at least two years of experience. Openings are available in the various sections of the country. Salaries are commensurate with training and experience. Inquiries should be directed to Mr. Raymond R. Fisher, Administrator for Personal Services, National Headquarters, American Red Cross, Washington 13, D.C.

STAFF NURSES: For 390 bed tuberculosis hospital affiliated with Western Reserve University. 40 hour week. Salary $260 to $290. Full maintenance available at minimum rate. Usual holidays, vacation and sick time allowance. Advancement for desirable applicants. Meets approved minimum employment standards of State Nurses' Association. Apply to Director of Nurses, Sunny Acres Hospital, Cleveland 22, Ohio.

NURSES: Team leaders, all services. Active general hospital. Must be capable, willing and able to assume responsibility for nursing care. 40 hour week, 30 days vacation. $225-$240 starting salary. Regular increments. New York licensure required. Brooklyn, N.Y. Apply Box BE-1, R.N. Magazine, Rutherford, N.J.

NURSES: Medical, Surgical, Obstetrical, Psychiatric, Operating Room. 325 bed hospital. 40 hour, 5 day week. Maintenance available. $210 per month beginning salary, added pay for nights and relief. Increases every 6 months. Well-organized staff education program for both recent graduates and

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One NoDoz Awakener tablet equals an average cup of coffee's caffeine content. **Wakes you up quick—like that!** Send 3¢ stamp for full-size 25¢ box—Hugh Harrison

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For every nurse who leads a double life



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All day long you have your hands in and out of water. Washing babies is hard on your skin, roughens it, makes the protective action of TRUSHAY doubly important.



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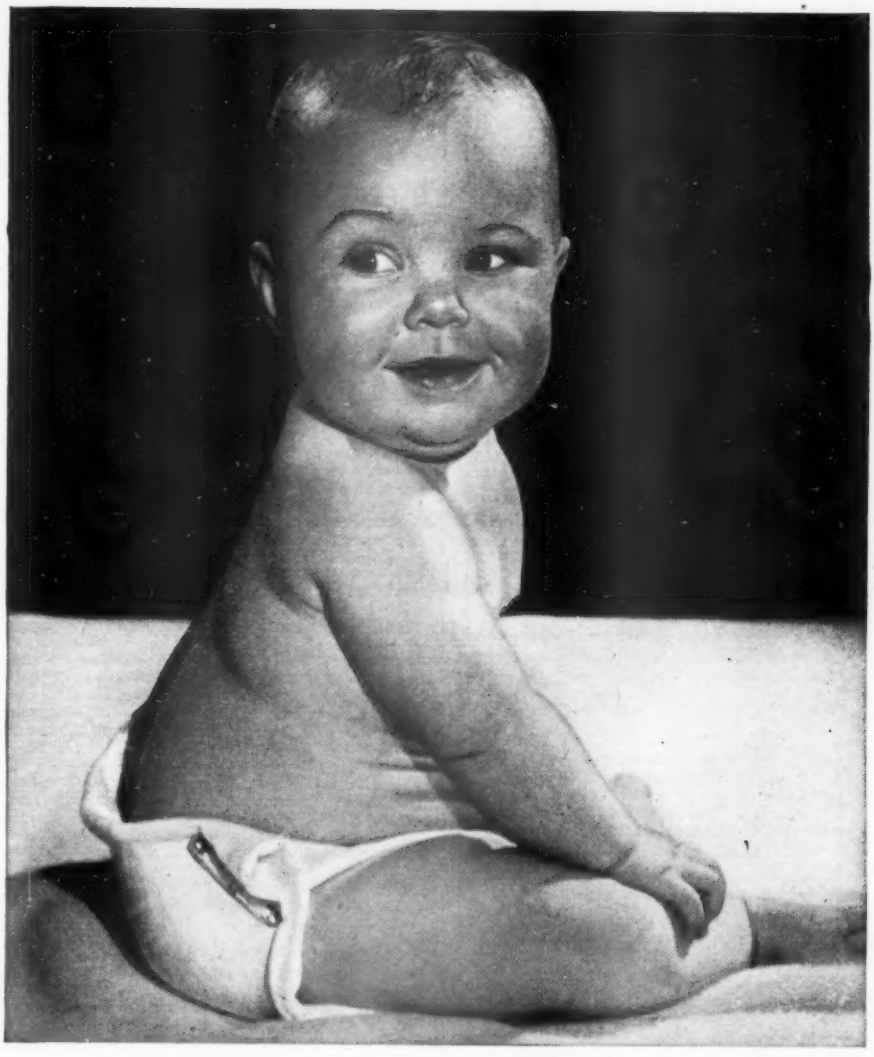
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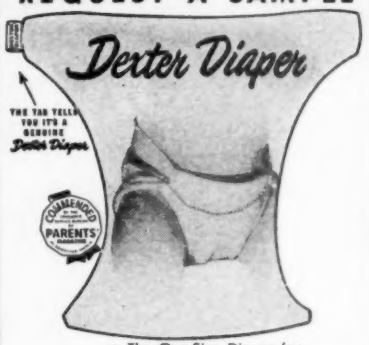
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SOCIAL AND RECREATIONAL DIRECTOR: Duties include serving as counselor. 500 bed hospital, Midwest. RN6-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

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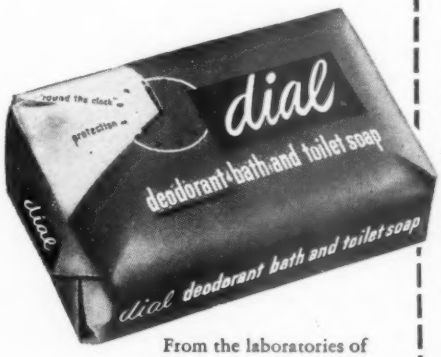
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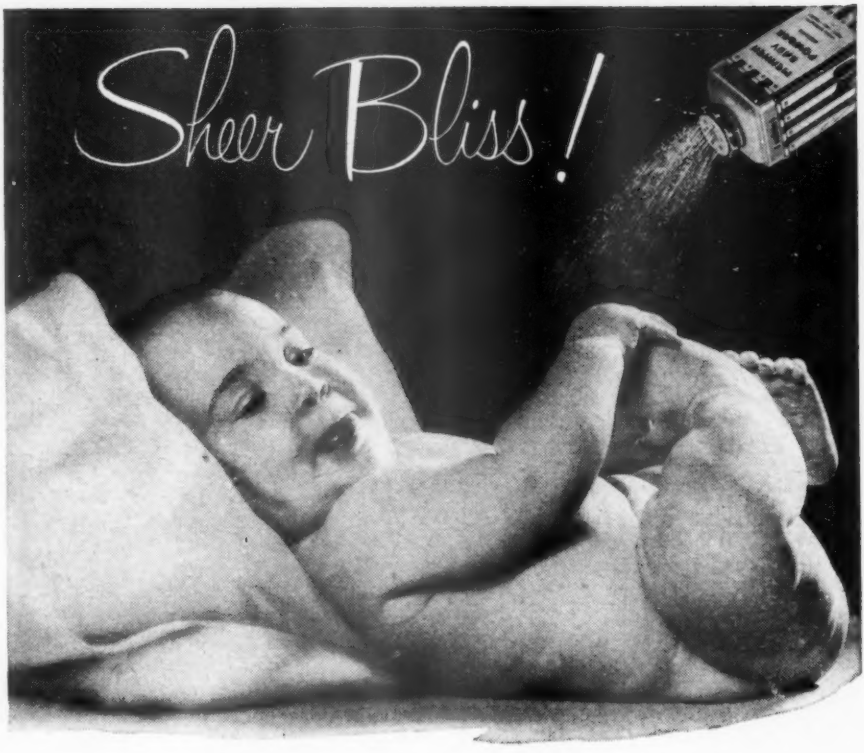
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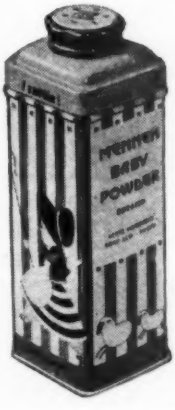
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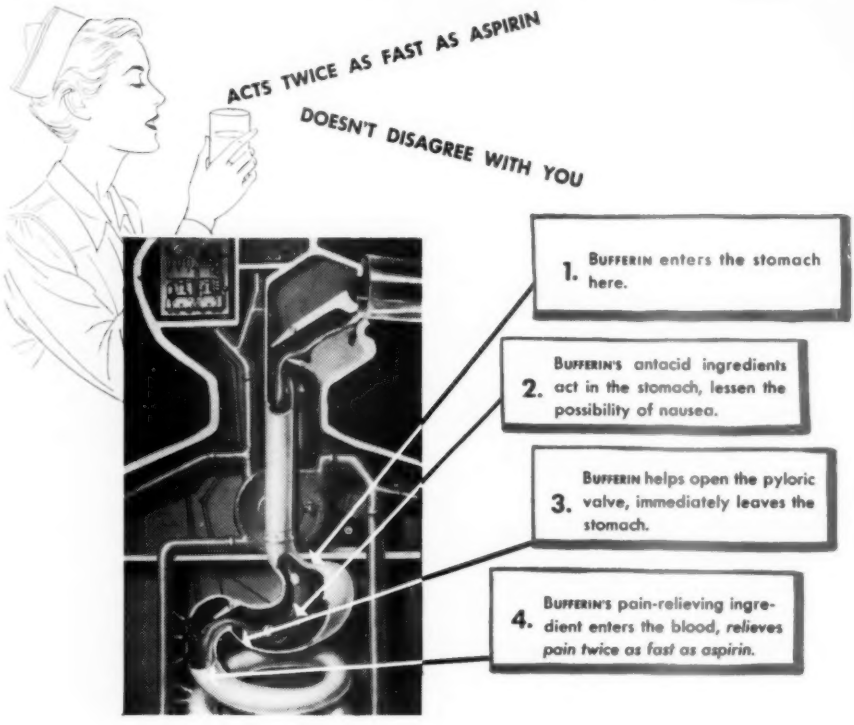
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